California State Journal of Medicine

ISSUED MONTHLY OWNED AND PUBLISHED BY THE
MEDICAL SOCIETY OF THE STATE OF CALIFORNIA

Vol. XVIII, No. 10 OCTOBER, 1920 $1.00 a Year

CONTENTS

(Contents continued on page IX)

ENTERED AT SAN FRANCISCO, CAL., AS SECOND-CLASS MATTER

SEE PAGE XXVIII

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OWNED AND PUBLISHED MONTHLY BY THE MEDICAL SOCIETY OF THE STATE OF CALIFORNIA
BUTLER BUILDING, 135 STOCKTON STREET, SAN FRANCISCO

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VOL. XVIII OCTOBER, 1920 No. 10

ATTENTION, PHYSICIANS, VOTERS!

Are you interested in continuing the practice of scientific medicine in California? Do you believe scientific medicine has any contribution to make to California in her social, economic and health development? Do you recognize that being a physician ought to make you a better citizen? Do you know that the election on November 2, so far as it affects these points, will be determined by what YOU do? If the QUACK QUARTET passes, it will be YOUR FAULT. Will you make every activity of your personal and professional life between now and November 2, tributary to the defeat of the QUACK QUARTET? Nothing else will kill these iniquitous measures. You have no time to lose. See that you, your voting family, and every one of your patients, friends and acquaintances votes

NO on NUMBERS 5, 6, 7, and
YES on NUMBER 8.

Vote NO on Number 5, because it is the specious wail of certain chiropractors for a special board of examiners which will allow them the license to practice on the people and to permit "those who have failed in other lines" to commercialize a noble profession. Such a board is not needed because any "chiropractor" who is sufficiently educated can pass the present board (drugless practice license which entitles him to do all that he asks).

Vote NO on Number 6, because it is the Anti-Vaccination, Anti-Inoculation, Anti-Medication Amendment, and is dangerous to us, to our children and to the entire people.

Vote NO on Number 7, because it is the Anti-Vivisection Initiative and would destroy every use of animals in diagnostic and experimental work in medicine, veterinary medicine, biology, horticulture, agriculture, and many other branches of science. It would cripple the canning industry of the state. It would destroy medical schools and hospitals and diagnostic laboratories. It would prevent diagnosis of plague, tuberculosis and syphilis. It would prevent treatment of diphtheria, meningitis and hydrophobia. It would make mines unsafe and cities pestilent. It would forbid the destruction of malarial mosquitoes.

Vote YES on Number 8, because it is a referendum upholding the safe and sane Sale of Poison Law. Certain drugless cults wish the privilege, of course, strictly the drugless privilege, of using hypodermic poisons on a par with physicians educated to do so. If they are educationally qualified to administer these drugs hypodermically, they can qualify now to do so. The use of drugs does not pertain to drugless practice and drugless practioners are incompetent to administer them. Vote Yes on Number 8.

Do not imagine that the evident and rank absurdity of these four measures will insure their defeat. IT WILL NOT. Nothing will insure their defeat but YOUR ACTIVE AND AGGRESSIVE OPPOSITION TO THEM, and your opposition will be measured in just one measure, VOTES. Nothing else will count. Talk will not do it. Nothing but votes will do it. If the people understand, the QUACK QUARTET WILL DIE, and stay dead. If the people do not understand it will be the fault of the physicians, of whom YOU, DEAR READER, are one. Get votes. Count them, each one of you, and do not leave a single vote in doubt. Be sure. For this month you have no more pressing business, no more timely civic duty, than to defeat the QUACK QUARTET. California, the sane, wholesome, healthful, law-abiding majority of our people, believes in scientific medicine, believes in disease prevention, believes in social and economic progress, believes in better conditions for the working man. This majority is the real California. California expects the medical profession to do its duty. It has not failed in the past. It will not fail now. Get busy. Get votes. KILL THE QUACK QUARTET.

VOTE "NO" ON 5, 6, 7—VOTE "YES" ON 8

VOTE "NO" ON 5, 6, 7—VOTE "YES" ON 8

SERVICE.

We believe that it is incontestible that the primary measure by which the medical profession shall be measured is the measure of what service it can render to mankind. The hospital, the clinic, the group or the association is justly measured by this same standard. Hospital associations almost without exception are to be emphatically condemned on this ground first, and therefore do not deserve serious consideration on any other ground. Any clinic, any hospital or any medical institution which puts any object ahead of service to mankind, and particular service to its own patients or clients, is to be condemned without reserve. We condemn the self-styled chiropractors, first and foremost on this same ground, that they make their appeal and their chief claim on the ground of money returns to the practitioner. With equal condemnation do we decry those physicians who split fees, who receive rebates from their druggists, or from supply houses, or from optical goods, and these rebates do not have to be accepted in cash. We unreservedly condemn the doctor who accepts rebates in principle from an insurance carrier. We are convinced that the rising generation of medical practitioners are not sufficiently or properly instructed in these matters, and we believe that many of the older members of the profession could set a far more punctilious example in these matters than they do at present. And the real reason we condemn rebating, and fee splitting, and all the other insidious intrigues of commercialism in medicine, is because this Pandora's box of plagues is the first enemy of proper and decent medical service to the patient and to the public.

We believe it to be self-evident that a doctor cannot own part or all of a drug store and keep that fact at all times from influencing his treatment of his patients. The same argument applies to hospitals run for profit in which physicians hold stock. A proper and legitimate income is the social requirement of the physician if he is to deliver proper medical service. That income must never have the slightest aspersion of being procured at the price of anything short of the best medical service. Commercialism in medicine must be weeded out or medicine will cease to be a profession, and its warm human service will be vastly impaired. On the other hand the doctor must not forget his obligations to himself, to his family, to his fellows and to his God. These obligations comprehend attention to his own physical and mental health, attention to proper business methods in safeguarding and increasing his income, to provision of a reasonable amount of insurance protection for the benefit of his dependents, attention and active interest for the current social problems of the day, and personal and monetary support of the forces of religion which in an allied way are seeking the same ends sought by the medical profession.

The doctor's life may be divided into the preparatory period, in which he makes a heavy investment of time, money, energy, and personality, then the productive period, during which he attains his maximum professional, financial and social development, and finally the mature period of reflective contribution to social and professional advance. Edward Bok phrased a great truth when he said, "No man has a right to leave the world as he found it. He must add something to it; either he must make its people better or happier, or he must make the face of the world more beautiful or fairer to look at. And the one really means the other."

Service means giving, not receiving. Its action, however, is strangely enough, invariably reciprocal, and he best gets, who gives most. This is true, whether it be for student, for active practitioner, or for matured consultant. We need once more to remind ourselves that "man shall not live by bread alone." The doctor is entitled to a fair income and to a large income, if his work is worth it. The larger his income, however, whether that income be in money, in pleasure, in personality, or by whatever gage we grade it, the larger must be his contribution in kind to the cause of his patient and the greater cause of social progress.

VOTE "NO" ON 5, 6, 7—VOTE "YES" ON 8

THE HEALTH CONVENTION

The 49th annual convention of the American Public Health Association was held in San Francisco from September 13 to 16. It was notable in many respects and a full report of its activities, discussions and personalities would require a volume of interesting reading. It is to be regretted that every physician in California could not profit by the feast of good things brought to our door.

Among the outstanding values which cannot be passed without at least mention, should be noted the vigorous condemnation by the association of the anti-health measures appearing on the California ballot in November. As Chester Rowell tersely stated, these measures are inimicable to public health, safety and economic progress. Mr. Rowell stated that in the last three years he had been saved from death three times by the death of a few guinea pigs, and that he was egotistical enough to believe that his life was worth more than a pig's!

Among the other great principles enunciated by the convention which will leave a lasting impression on the people of the entire country was the conviction that public health means public education; that health administration must be conducted primarily upon educative lines, and police powers invoked only as a last resort, that the high cost of living is a public health problem because it interferes with public nutrition and healthful living. The great value of health publicity as it ought to be organized under all health boards was strongly defended. The results of public health work along all lines was stated to appear in two major direc-

VOTE "NO" ON 5, 6, 7—VOTE "YES" ON 8

tions. The first of these as expressed by President Wilbur was the immeasurable value to humanity of the additional service by educated men and women made possible through the prolongation of human life. The second of these was stated to be the increased safety, happiness and usefulness of human life made possible not by a mere reduction of death rate, but by a reduction in conditions and diseases, which sap the vitality of man and decrease his efficiency.

ANOTHER ROYAL ROAD TO LEARNING

The so-called "Western College of Chiropractic" has sent recently to real physicians a folder outlining its pretensions, etc., and among the noble list of trustees we were surprised to see the name of Thomas F. Boyle, auditor of the city and county of San Francisco. This surprise was occasioned by seeing Mr. Boyle's name appearing in such company and under such auspices. It is a pleasure, however, to be able to reproduce a letter which at once clears a good man of this connection. It would be an excellent thing if the Methodist Book Concern, in whose building this institution is sheltered, could clear itself equally well.

City and County of San Francisco.
Office of the Auditor.
September 10, 1920.

Mr. Joseph A. Sanford, Secretary,
Western College of Chiropractic,
309 Book Concern Building,
San Francisco, Cal.

Dear Sir: I am greatly surprised and annoyed to find that you have, without authority from me, published my name as one of the trustees of your college. At the time you called upon me to discuss this matter I did not consent to act in such a capacity or give you permisison to have my name connected therewith. I am therefore writing at this time to instruct you not to make use of my name in any future printed or written matter relating to the college, and also to make clear that the use of my name in the preliminary announcement was entirely without authorization from me.

Kindly acknowledge the receipt of this letter and oblige.

Yours truly,
(Signed) THOMAS F. BOYLE,
City and County Auditor.

A certain policeman of San Francisco asked the advice of a certain physician as to whether he, the policeman, would not do well to spend a few weeks in this "college" so that he would be able to make "six hundred a month instead of one forty." The same old motive, the royal road to learning, getting the emoluments without the work. "Those who have failed in other lines make a success here."

RURAL HEALTH AND RECREATION.

The intimate relationship between healthy school-life and proper recreation has become a truism. We have heard, some of us with surprise, also, that rural children are less healthy and are subject to a higher percentage of physical and mental defects than are city children. It will therefore, be of special interest to find that country people, adults and children alike, require more play and selected recreation than they usually secure, as a matter of health betterment and physical development. This need centers in rural schools. Also, if the children are taught healthful games and all-around development through the medium of recreation, on arriving at adult life, these healthful play habits will persist.

E. C. Lindeman has recently made a unique contribution to this subject in his report on "Recreation and Rural Health," rendered to the Second National Country Life Conference. He concludes that while farm work provides abundant physical exercise out-of-doors, it does not lead to symmetrical development. It results in massive coarse muscular development at the expense of the finer and accessory muscular systems. Mental alertness and neuro-muscular co-ordination are not fostered by farm work, and on these depends an important degree of the individual's outlook on life.

Lindeman, as a result of these investigations, recommends for farm workers and rural children, games which involve the free use of the entire body, which require precision of action, develop the rythmic instinct, inculcate the principles of co-operation, and which are mentally exhilarating.

Rural health is receiving more and more attention, and here is a field easy of development and evidently of first importance.

Editorial Comment

In one of his letters, William James said, "It is customary for gentlemen to pretend to believe one another." One might add that it is also customary for gentlemen to justify the belief of their fellows.

Vaccination against smallpox should be performed once in five years. An unvaccinated generation spells disaster. Why not call the attention of your patients for the next few weeks to the increase of smallpox in California and the certain protection of vaccination?

All who treat the sick in any state of the Union should be required to pass the same educational requirements before one single Board of Examiners. They should be required, all of them, to have a minimum of two years' work in an approved academic college, followed by a minimal four-year medical course in an approved medical college, at least one year's interneship in an approved hospital, and then should pass a written and practical examination. The public health is too important for fools to be allowed to meddle with it.

The present status of medical newspaper advertisement has never been better expressed than by Lieut. Col. W. D. Sutherland (Indian Medical Service) who says in the "Indian Medical Gazette" for July, 1920: "In Europe and America the advertisement that appears in the various newspapers may be taken to be indications of the mentality of those who make print and read them. The medical advertisement gives us information as to the astuteness of the business managers of the print in which they appear, the rapidity and disregard of truth of those who advertise, and the chief ailments from which their readers suffer, or think they suffer, as well as the extent of their ignorant credulity, without which the breed of vendors of nostrums would soon disappear from the earth, to the lasting benefit to the human race and incidentally—the financial ruin of many an undesirable news-rag."

The Monthly Bulletin of the Federation of State Medical Boards of the United States, says with pertinent emphasis as follows: "For the graduate of a Class A medical school who has also taken an additional year of hospital interne service, it seems hardly fair to require the spending of three days in answering questions prepared by a physician who graduated twenty or thirty years previously, and who, since that time, has not had the advantages of a modern hospital or lived in a large medical center. It is still more unfair when the same examination can be passed readily by the graduate of a low-grade medical, or even of an osteopathic college, who may have spent a few weeks in the study of quiz compends." Among improvements has been suggested a joint examination by the State Board with the Class A medical schools in that state. The old-style many-questioned written examination has had its day, served its generation (we hope), and should now be consigned to oblivion.

California is now distinguished, if not honored, by having become one of the great plague foci of the world. Destruction of rats and other rodents in the endemic area is absolutely essential for the safety of the public health of the United States. Plague is a disease of rats and rodents, such as ground squirrels, and only secondarily does it attack man. The outbreak last year of human pneumonic plague shows that we are living in a fool's paradise on the edge of a volcano, so long as we tolerate the existence of rodents in an endemic area. Those misguided devotees of ignorance who are favoring the anti-vivisection measure at the forthcoming election, are among the bitterest enemies of California. They would protect the rat and the ground squirrel, and presumably the flea and the tick, and any other human foe of an animal nature, regardless of its danger to humanity. Presumably their measure, if it became law, would make it a misdemeanor to swat the fly or slay the offending mosquito. Both of these are animals and therefore, forsooth, of more regard than humankind, babies, women, and men. What a reflection on the intelligence of our boasted civilization, and what a blot on the fair name of this state, that such ideas and political measures so subversive of the public health and the common good should receive credence at all by any of the population.

Special Articles

SMALLPOX—A PLEA FOR VACCINATION.

By A. A. O'NEILL, M. D., San Francisco.

I think it is rather a reflection upon the intelligence of the commonwealth that in this year of grace there can be found in the community one who can be called upon to give his personal experiences with such a preventable disease as the one under consideration. If there is one fact that is absolutely demonstrated beyond all peradventure of doubt, it is that we have in vaccination an absolute preventive of smallpox.

It would please the speaker's sense of civic pride if he could but re-echo the statement of Baumler of Freiburg, who writes: "As a result of strict vaccination and re-vaccination in Germany, the disease has been prevented from appearing, so that many physicians have never had an opportunity of seeing smallpox. There has not been a case of smallpox in any form in this clinic for nine years, but in these days of rapid transit and great intercommunication with other countries, we may at any moment be required to treat the disease. . . ."

I wish to emphasize the fact that these words apply with more force to-day than ever, and a paper which would call to your attention the necessity of vaccination is not untimely.

San Francisco, like all other large communities, is subject every third or fourth year to a visitation from smallpox. These prosodemics usually begin in October and end in May. It is at this period of the year (winter) that the disease prevails and the three factors that seem essential to its propagation are absence of sun, a temperature below fifty degrees, and excessive humidity.

To what circumstances may be attributed the presence in a community like this of a large number of unprotected people? They are as follows:

1. The negligence of parents in not seeing to it that their children are properly vaccinated. Dr. John N. Force of Berkeley puts it very tersely and succinctly when he states "that unvaccinated children are unfortunate in their choice of parents."

2. The apathy of the medical profession toward vaccination and their neglect of it during quiescent periods. Another charge that might be made against them is their failure to see that the vaccination is a successful take. Of the ninety-four cases treated during the past five months, forty-two had been vaccinated but no evidence of a scar was present. The charge, too, can be justly made against physicians of informing their patients that because the vaccination was not successful they are immune from smallpox. This erroneous statement has been responsible for one death and several severe cases. Physicians occupying official positions are not altogether free of this charge when one reads that in

1914 there appeared on a U. S. naval vessel thirty-four cases of smallpox, seven of which were severe, and two were fatal. In the early part of this year the speaker was requested to see a nurse who had graduated from a hospital in this city and had passed through her training school without ever having the subject of vaccination broached to her, though on the application blank it states that a successful vaccination is essential. This young woman accepted a position in a hospital outside the city and in the course of her duty was detailed to attend a case that was diagnosed typhoid fever and from which a positive Widal was obtained, the patient dying on the third day with the appearance of what was considered to be the rose spots of the disease. Twelve days following the death of this individual she came down with very severe prodromal symptoms to be followed by a confluent eruption, which was proved to be smallpox and which resulted in her death.

The appearance of smallpox among unvaccinated nurses has been so frequent in the speaker's experience that he takes this opportunity of quoting from the Bulletin of the Chicago School of Sanitary Instruction which caustically comments on the failure of a Chicago hospital to have all the nurses vaccinated, and asks when everybody will become wise and careful enough to adopt this simple preventive measure. It says: "This week for the thousandth time or more, a reason was presented for the consideration of those who desire to escape a disease which is easily preventable. A Chicago hospital with a training school for nurses neglected the formality of having all the nurses vaccinated. An unrecognized case of smallpox came in contact with these nurses, and three were taken to the isolation hospital suffering with smallpox. All the nurses in the hospital had been vaccinated except the three who contracted the disease. These never were vaccinated and were not required to be vaccinated when they entered the nurses' training school."

3. The third factor is the anti-vaccination propaganda. Their power was shown when they had the law for compulsory vaccination repealed, and now one can urge conscientious scruples as an insurmountable objection which health officers cannot overcome. It is a matter of record that a woman resident of the Mission sent word that under no circumstances were her children to be vaccinated. Some six weeks after she announced this determination she herself was admitted to the hospital to be followed therein by her three children, all sufferers from smallpox, one of whom will carry the evidence of the attack to her grave. Today she is an ardent vaccinationist. While we must admit that statistics show that smallpox since vaccination, both in morbidity and mortality, is a very negligible factor in the health of the community, nevertheless we must bear in mind that having a large unvaccinated population about us is a menace to the community. That this is the case is shown by the figures quoted by Welch and Schamberg that 10,000 persons successfully vaccinated will yield twenty-seven cases and 1.4 deaths. Ten thousand unvaccinated persons will yield 830 cases and 247 deaths. Germany in 1913, with a population of 65,000,000 had seven cases, all of which were imported, and no deaths. Prior to the occupation of the Philippines by the United States the annual mortality from smallpox was five thousand. The military authorities instituted a very vigorous vaccination campaign and the result is that smallpox is practically stamped out of the Islands. It is therefore essential that we bear these concrete facts in mind and urge vaccination from an economic standpoint, if from none other.

In the prosodemic of variola that has just passed there were 94 cases. The initial case was admitted to the Isolation Hospital from the Emergency Hospital with a diagnosis of facial erysipelas. It was in the person of an old, decrepit, demented individual who came direct to us from Contra Costa county. On examination at the Isolation Hospital it was found that he was suffering from an iritis, and the erythema about the nose and malar eminence was due to the application of some counterirritant. The man was returned to the Emergency service with the diagnosis of erysipelas unconfirmed. He was admitted to the San Francisco Hospital, and some days later it was noticed that the patient had an eruption which was diagnosed as varicella. This diagnosis was premised on the almost entire absence of prodromal symptoms and the scantiness of the eruption. He was re-admitted to the Isolation Hospital and from this case there were some four house infections. The second case was a resident of San Francisco who spent the day in Contra Costa county and returned, and some twelve days later came down with a disease which was thought by his attendant to be measles, with the proviso "probable smallpox." This proved to be hemorrhagic smallpox, and the individual died the third day after his admission. He had been vaccinated, but no scar was evident. His occupation, that of a driver of a brewery wagon, brought him in close contact with a great many people. The result was that in the neighborhood where he had his route, the North Beach district, appeared the majority of cases. It was possible to trace all cases in that region to this individual. From that time on cases cropped up in most unexpected places. That such is possible is not to be wondered at when we consider the fact that we can have smallpox with slight prodromal symptoms and an eruption which escapes observation. This is shown in the case of a man who had what his physician called varicella and who remained at work in an establishment where there are hundreds of men employed. The way in which the Department became cognizant of his case was when we were called upon to care for his wife who had the disease in semi-confluent form and will always have the marks of it with her. The second case of like character was in a woman who had been a contact and who was carefully watched. She had the prodromal symptoms in a mild form and one lesion on the thenar eminence of her left hand was the solitary evidence of her infection. The cases of this group appeared in the hemorrhagic, confluent, semi-confluent, and discrete forms.

Of these cases one had a previous attack of smallpox; 62 had never been vaccinated.

Seventeen claimed to have been vaccinated, but showed no scar.

One had been vaccinated and had two good scars.

Seven showed good scars, none of which was less than 20 years old.

Five were vaccinated after exposure, and the vaccinia and variola ran concurrently.

To me the most striking evidence of the protective power of vaccination was seen in the foreign-born population. The parents invariably, through the fact that they had been vaccinated in the old countries or on their arrival in this country, escaped the disease or got it in a very mild form, while their children born here and who were not vaccinated, had the disease in a most virulent type.

There were seven deaths, 28 had secondary fever. It would be well to bear in mind that secondary fever appears only in the severer types of the disease, and it is not to be wondered at that there is a toxemia, when one recalls the work of Schamberg, who found that the lesions on a semi-confluent case of the disease in an adult numbered more than 29,000. Some of these lesions were emptied by means of a pipette and found to contain on an average three drops of pus, and it was estimated that there were five quarts of pus in this individual's body. It is to be remembered that the pustulation of smallpox is due to the causative agent and not to the ordinary pus producing organisms, though streptococci are to be found in the lesions after the eighth day. It is the absence of this secondary fever in the mild cases that leads to the greatest number of errors in diagnosis. Eight of the patients developed violent delirium which required restraint, but as these individuals were all of the male persuasion, I am inclined to believe that this may, in a great part, be due to their bibulous propensities. Three of the cases occurred in pregnant women in third, fifth and sixth months. They passed through the course of the disease without interruption. One woman had had criminal abortion, and the high fever at the prodromal period was attributed to an infection for which she was vigorously treated by curretage, etc. The appearance of the rash startled the attendant and indicated the true causative factor of the intense symptoms. It is not to be wondered at that the vulva was distended to a point where it appeared that it would become gangrenous. The patient left the institution without any great deformity.

As to diagnosis, the laboratory has been working vigorously to aid us in this respect (for it is a truism that all patients admitted to a smallpox hospital are not suffering from smallpox), and the best work that I know of to put diagnosis of this disease on a scientific basis is that of Dr. John N. Force of Berkeley. By the use of sensitized rabbits, from material sent in he is enabled to clear up the diagnosis in 24 hours. The complement fixation test with vaccine virus used as an antigen, was tried, but not sufficient experience was had with it to determine its true value. The blood shows no picture which would help. There is a leucocytosis characterized by a notable increase in the mononuclears of small and medium size. In the severer types of the disease there is a marked destruction of the red blood cells.

Of course, the greatest confusion results from calling variola, varicella. Then again syphilis, that arch-imitator of skin troubles, ofttimes paints a perfect picture which leads into many a diagnostic pitfall. During the prodromal period four of the present series had been treated for pneumonia, two for typhoid, and over a dozen for la grippe. Leaning too strongly to the idea that pain in the back is pathognomic, especially when associated with fever, has caused not a few to go astray. This symptom is absent in over 50 per cent. of the cases. Schamberg called attention to the fact that the prodromal fever may last as long as the fourth day. Such I found to be the case. The usual three-day period followed by a crisis applies unerringly to the milder types of the disease. In the more severe types the marked defervescence does not occur and the feeling of well-being does not ensue. The period of incubation was much shorter in the severe cases than in the mild ones, the average being 12 days.

In reference to the eruption the admirable observation of Ricketts that "the distribution of the lesions is of more diagnostic value than their character, as also it is more easily observed," has been an invaluable aid in enabling me to arrive at a correct conclusion. It is well to bear in mind that the portions of the body that are exposed to irritation of any nature whatsoever, whether it be atmospheric, chemical, or mechanical, usually present the greater number of lesions. Hence we see it on the face, along the hair lines, and wherever there is friction from clothing. It has been the speaker's experience, and it is in line with that of others, that where a counter irritant, such as mustard, is used to relieve pain, as for example that in the back, to have at the site of the plaster an unusually heavy crop of pustles.

Treatment. During the prodromal stage the entire treatment is absolutely symptomatic.

Every antiseptic known to medicine has been given a trial in this disease with the hope that by its use pitting and scarring could be avoided. The very fact that their number is legion would prove that none of them are of any avail. Personally, the greatest relief has been obtained by the use of a mixture of one part of the ordinary tincture of iodine to three parts of icthyol. This seems to relieve the burning and itching, and to some extent prevents pustulation. Prolonged

iodine baths of the strength of one ounce of iodine to a gallon of water, a treatment, by the way, which was devised by Dr. Langley Porter some time ago, seems to give the patients the greatest amount of comfort. These baths are given at a temperature of about 100 to 110° F. and the patient is kept in them for an hour at a time. That the iodine has some virtue is shown by the fact that plain water has not the same effect. The speaker was surprised to find an article in the Journal of the A. M. A. in which the writer claimed originality for this method of treatment, but Dr. Porter had antedated him by several years. Trager recommends aluminum acetate fifty parts to a thousand parts of alcohol dipped in cotton and laid over the face. He claims that pitting is checked by its use.

To summarize—there is no possible excuse for the appearance of smallpox in a civilized community at the present day. If it should appear, isolate your patient, vaccinate contacts, and then go forth and vaccinate the multitudes. And smallpox will be a disease relegated to historical treatises.

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Practical treatise on smallpox—Fox.
The skin and the eruptive fevers—Schamberg.
Hand books of fevers—McClure.
Variola—Ch. Baumler, Freiburg.
Infectious diseases—Roger.
Infectious diseases—C. B. Ker.
Acute contagious diseases—Welch and Schamberg.
Diagnosis of smallpox—Ricketts and Byles.
Acute infectious exanthemata—Corlett.
The treatment of acute infectious diseases—Meara.

NOTES ON SKIN DISEASES OBSERVED AT THE LETTERMAN GENERAL HOSPITAL.*

By H. E. Alderson, M. D., Associate Clinical Professor of Medicine (Skin Diseases), Stanford University Medical School, San Francisco, California.

During the period of 1916-19, I had the privilege of serving (unofficially) as consultant dermatologist at the Letterman General Hospital (a military hospital of 1800 beds), Presidio, San Francisco, when over 510 examples of cutaneous eruptions were seen by me. Most of these patients had seen active service in Europe or in Siberia. Only those cases where the diagnosis was uncertain or where treatment was not bringing desired results, were referred to me, so these cases do not constitute all that were in the hospital. For instance only eighteen syphilitics were seen by me, but the total number of luetic patients was very much greater, as the records will show. Probably the dermatoses here recorded were those that ordinarily would have been referred to a specialist anyway, so from a statistical point of view, the report to follow should have the same relative value as the American Dermatological Association reports.

	Cases.		Cases.
Acne Vulgaris	64	Eczema	27
Alopecia	1	Epithelioma	2
Alopecia Areata	5	Erythema Multiforme	3
Bromidrosis	2	Erythema nodosum	1
Canities	1	Erythema toxicum	1
Chloasma	1	Folliculitis	11
Dermatitis Exfoliativa	1	Furuncle	3
Dermatitis Factitia	2	Herpes simplex	2
Dermatitis Traumatica	2	Herpes Zoster	2
Dermatitis Venenata	38	Hyperidrosis	4
Ichthyosis	1	Scabies	69
Impetigo contagiosum	29	Seborrhea	25
Intertrigo	2	Sycosis	3
Keloid	1	Syphilis — Early 1, Secondary 7, Late 10	18
Keratosis pilaris	2	Tinea trichophytina	2
Leprosy	1	Tinea Cruris	107
Lichen planus	1	Tuberculosis	1
Lupus erythematosus	5	Ulcer (varicose)	2
Naevus papillaris	1	Ulcer	1
Oedema circumscriptum	1	Urticaria	18
Paronychia	1	Verruca	1
Pediculosis corporis	1	Vitiligo	2
Pediculosis pubis	2	Xanthoma tuberosum Multiplex	1
Pityriasis rosea	8	Xerosis	4
Pompholyx	5		
Pruritus	8		
Psoriasis	15		
Rosacea	1		

A comparison of the foregoing with the statistics of the American Dermatological Association (based on over 500,000 cases) may be of interest. The fact that this small series represents mostly young men of military age, whereas the Association reports include both sexes, all classes and ages, accounts for the discrepancies in the percentages shown herein. These differences in a measure have some bearing on etiology and are presented here for what they are worth.

LETTERMAN HOSPITAL CASES.	Per Cent.	American Dermatological Association Statistics, Per Cent.
Acne Vulgaris	12.45	7.559
Alopecia	0.196	2.507
Alopecia Areata	0.98	0.877
Bromidrosis	0.392	0.065
Canities	0.196	0.059
Chloasma	0.196	0.3202
Dermatitis Exfoliativa	0.196	0.078
Dermatitis Factitia	0.392	0.075
Dermatitis Traumatica	0.392	0.577
Dermatitis Venenata	7.44	2.388
Eczema	5.29	18.578
Epithelioma	0.392	1.394
Erythema Multiforme	0.5882	0.604
Erythema Nodosum	0.196	0.119
Erythema Toxicum	0.196	0.207
Folliculitis	2.156	0.242
Furunculus	0.5882	1.846
Herpes Simplex	0.392	0.756
Herpes Zoster	0.392	0.937
Hyperidrosis	0.784	0.4107
Ichthyosis	0.196	0.1509
Impetigo	5.6862	5.166
Intertrigo	0.392	0.2405
Keloid	0.196	0.169
Keratosis Follicularis	0.392	0.028
Lepra	0.196	0.035
Lichen Planus	0.196	0.478
Lupus Erythematosus	0.98	0.356
Naevus Papillaris	0.196	0.024
Oedema Circumscriptum Acutum	0.196	0.094
Paronychia	0.196	0.214
Pediculosis Corporis	0.196	0.765
Pediculosis Pubis	0.392	0.268
Pityriasis Rosea	1.568	0.484
Pompholyx	0.98	0.285
Pruritus	1.568	1.421
Psoriasis	2.941	2.6506
Scabies	13.529	5.9408
Seborrhoea	4.9	1.851
Sycosis Vulgaris	0.5882	0.589
Syphiloderma	3,528	9.442
Tinea Tricophytina	0.392	0.477
Tinea Cruris	20.98	.....
Tuberculosis	0.196	0.118
Ulcer	0.392	1.6605
Urticaria	3.528	3.118
Verruca	0.196	1.123
Vitiligo	0.392	0.2508
Xanthoma	0.196	0.092
Xerosis	0.784	0.077
Ulcer (phagedenic)	0.196	.....

In closing I wish to express my appreciation

* Owing to space limitations, only a summary of this article is here presented. The full article will appear in reprints which can be secured from the author.

of the many courtesies extended me by the following medical officers in whose services these patients were seen: Col. Mudd, Col. Northington, Col. Winterberg, Major J. W. Shiels, Major W. C. Chidester, Major H. C. Moffitt, Major Offut, Major Eloesser, Captain Doane, and Captain Petch.

Original Articles

THE SIGNIFICANCE OF THE SCIENCE OF OBSTETRICS AND GYNECOLOGY CONSIDERED AS SPECIALTIES.*

By HENRY P. NEWMAN, A. M., M. D., F. A. C. S., San Diego, California.

Members of the section and guests: In appreciation of the honor of chairmanship conferred upon me by this section, I shall use the ten minutes allotted for the function of opening the session, not in any attempt to compass the field of achievement and progress in the specialties we represent, but in a brief survey of our present position in medicine and our outlook.

The time-honored privilege of section leaders is to recount the statistics of development as exemplified in lists of new procedures and discoveries as well as modifications of older methods. This is now rendered, to a certain extent, superfluous by the very illuminating literature of the day. You are too familiar with current medical history to devote any of the valuable time of this meeting listening to recapitulation. But the vital issues of special practice are not, after all, those of the flesh but of the spirit.

What keeps medicine in an unassailable place, is not knife, needle or suture, nor the skill of the hands that wield them; it is the indomitable purpose to help and save humanity from its own errors, at whatever price. It is just the lack of this vital principle that distinguishes practitioners of the free and unlimited profession of medicine from those of other so-called "schools," whose claim to existence is founded on allegiance to manner and method. If this were better understood there would be less confusion concerning the merits of this and that system.

Gentlemen, we are not here because we are artists or artisans of methods and procedures, but because of our lifelong preoccupation with disease, and our determination to conquer, by mutual study and communication, ever advancing and widening fields of endeavor. The preparation for the right to practice such a profession as ours is being made harder and more exacting every year, and this by our own election. With every year that multiplies practitioners of the easier, "get-rich-quick" schools, we demand from ourselves a *stricter accountability to the law, a greater responsibility toward our patients and a higher standard of ideals in answering to our conscience.* It is not for our livelihood that we follow this science, but for higher values in human life. You will ask, just what bearing has all this on the particular business of this section? And the answer is: Since we know that all reforms in medicine and all stimuli to progress come from within the profession rather than without; since our advancement never comes in response to public clamor but to our own urge for progress, each branch has its own part to play in the process of evolution, and it is on such occasions as this that the opportunity is greatest. Obstetrics and gynecology, we like to think, have more than proportional share of responsibility. If the body must be whole and healthy, in order that it may allow the mind to functionate in a whole and healthy manner, certainly the pelvic region in women is concerned to the highest degree in maintaining bodily health.

The most poignant issues of life are touched when gynecic disease manifests itself, and what facts of life are more significant to the individual and to the community than those of conception, pregnancy and childbirth? That these shall be realized in the best and most effective sense, to the degree of their highest possibilities for social betterment, is the inescapable business of these branches which concern themselves with the prevention and cure of pelvic ailments.

That *Obstetrics* is something infinitely beyond the cleverest art of midwifery, and that *Gynecology* is vastly more than surgery of the pelvis, is the truth which underlies the existence of these branches as separate specialties. The general surgon who thinks it no trick to add the practice of pelvic surgery to his general field, has not grasped the significance of this science in its human relations, and the great discovery of the present day, fellow practitioners, is that in the last analysis all arts and sciences converge in human values. The general surgeon cannot compass, in the wide range of his activities, any more than the manual art of pelvis work, and that is not gynecology. Every one who has devoted himself, even for a little to what is involved in handling his cases of gynecic difficulty, has learned that the pelvic region demands its specialists as exclusively as does the eye, ear, nose and throat, etc.

It is no longer thought appropriate for the general practitioner or general surgeon to attempt the intricate and elaborate work of these areas, and the reason for this needs no explanation nor defense.

Very much more is pelvic work, with its involved issues of hygiene, mode of life, social relations, marital and domestic, a personal and elaborate one, worthy of the utmost zeal and application of one whole lifetime of study. Those who have already devoted to it their years of effort realize how much more than one lifetime could be profitably and rewardingly spent on this one subject. We find, too, how intimately the two specialties which are here brought together encroach upon each other's domain. One advances by the other,—suffers by the deterioration of the other. We also find that the line of demarcation is never lost; that gynecology remains still gynecology, and obstetrics, obstetrics, and that neither can ever be merged into any other branch without loss to medicine; that on the other hand, in common with every other specialty, the conscience of the

* Read before the Forty-ninth Annual Meeting of the Medical Society of the State of California, Santa Barbara, May, 1920.

profession and the sentiment of responsibility must tend to discriminate these branches still further from all others. It is for gynecologists to occupy themselves with the bearing of all aspects of civilization upon the functioning of the sex-life of women and to make authoritative pronouncements upon those which are faulty and result in disease and impairment. And coming to cases, it is for the gynecologist to remember that it is the losing or saving of the individual that counts. It is for the obstetrician to remember that his work counts for two against the one of every other branch, and in this his opportunity is enviable.

It rests with him to carry on such a campaign of education as shall render the public afraid to undertake so serious a step as the bringing a new life into the world without the advice and supervision, during the entire period of gestation, of the ablest obstetrician obtainable.

It is for the obstetrician—and I am repeating what I have recently said before another congress—to remove from the way of the embryo those dangers which make its progress to birth the questionable thing statistics show it to be. It is still more the duty and privilege of this specialty to oversee the condition of the mother from the first advent of maternal hopes to the safe delivery of a healthy child and a safe conclusion of the puerperium.

Finally, to give the practice of medicine in these special branches its true significance, we must bring it more and more to the light of public consciousness that we charge ourselves primarily not with the *diseases* but with the *health* of women, and that co-operation of forces by these specialties offers the greatest of all promises for the advancement of medicine as a factor in human betterment.

1200 First Nat. Bank Bldg.

THE PRESENT STATUS OF ANESTHESIOLOGY AND THE ANESTHETIST.*

By ELEANOR SEYMOUR, M. D., Los Angeles.

The administration of anesthetics is an art ancient and honorable, signalized as are few procedures by both divine sanction and usage, for in the second chapter of Genesis it is recorded that "the Lord caused a deep sleep to fall upon Adam and he slept, and He took one of his ribs and closed up the flesh instead thereof." It is cause for regret that there is no detailed account of the induction and maintenance of this first anesthetic but it is evident that the administration was considered of such importance as not to be entrusted even to the Angel Gabriel,—much less an angelic nurse,—and of Adam's safe and satisfactory recovery there is abundant record.

During subsequent centuries, however, surgical anesthesia was not understood or generally employed, tho occasional reference is made by early Greek and Roman writers to insensibility produced by certain drugs. It was not until approximately 1840 that a number of American physicians discovered and made practical use of ether and nitrous oxide, and only within the last few years has the administration of anesthetics become a specialty.

During the meeting of the American Medical Association in 1912 there was organized the American Association of Anesthetists, including both the United States and Canada, and in 1915 there was formed the Interstate Association of Anesthetists, since which time strong local and sectional anesthetic organizations have developed east and west and the specialty has been placed upon a firm basis. The *American Journal of Surgery* has become the official organ and the *American Year Book of Anesthesia* an established compilation.

Of special import this year is the launching of the National Anesthesia Research Society composed of distinguished investigators in this field who would further promote original work and make the results obtainable. The object of all these associations of anesthetists is to establish and maintain the highest possible standards in this department of medicine.

To give an anesthetic is one thing, to practice the art of anesthesia is another. The proper administration is more than a mere mechanical performance and involves something more than technical ability.

The term "anesthetist" presupposes the ability (1) to make the adequate preliminary examination or to properly interpret and correlate the findings of others and direct the patient's preparation; (2) to choose the suitable anesthetic and produce a smooth and pleasant induction; (3) to maintain the patient on the least amount of anesthetic consistent with the surgical procedure; (4) to instantly recognize and be prepared to remedy with quiet confidence any untoward symptom which may arise. Such diagnostic, interpretative and remedial skill can only be acquired by a full medical course.

While primarily a consultant as to the ability of the patient to undergo an anesthetic, and the kind and amount to be used, there are anesthetic emergencies in which the anesthetist is commander-in-chief and must be so recognized. For all this and more, only the trained medical anesthetist can qualify.

There are cases in which the surgical risk is as nothing compared to the anesthetic,—where the surgeon deals with the patient's pathology,—the anesthetist with the patient's life. The capable anesthetist knowing the exact condition of the patient can intelligently guide the surgeon as to the advisability of further operative procedures. Intelligent team work and a carefully planned surgical barrage are absolute essentials to the immediate and postoperative welfare of the patient. Each participant must be prepared and responsible for his own acts.

While some surgeons have too willingly accepted the blame for anesthetic failures, ascribing them to surgical shock,—there are others who have unjustly attributed the fatal results of their own manipulations to the anesthetic. A prominent surgeon has truthfully admitted that he can spoil

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the best anesthesia given, by his conduct at the site of operation.

The competent anesthetist suffers more from strain and weariness than the operator, for well he knows that lack of intelligent and continuous watchfulness is the chief cause of both failure and fatality. Did it ever occur to a surgeon that it might be as difficult for his anesthetist to work efficiently in unaccustomed surroundings as for himself? A quotation from the pen of Dr. Frank Bullard touches lightly other annoyances:

The surgeon that's snappy,
The surgeon that's scrappy,
  The surgeon that scolds every day,
Whose mouth's full of curses,
Who rattles his nurses,
  Make many a deadly delay.

The unprepared man,
With no well laid plan,
  Who new tools must e're sterilize,
Who loiters and waits,
Who stops and debates,
  Has a job too big for his size.
That too timid cutter,
Who does nothing but putter,
  Accomplishes naught I am sure,
But it is pathetic,
How much anesthetic,
  The patient has to endure.

The doctor that's sore,
Who hollers "Give more!"
  Whenever the patient may flinch,
May himself be at fault,
By his heavy assault,
  That causes the patient to wince.

When wearied and harried,
By thrusts no more parried,
  The patient succumbs and is dead,
The surgeon will wonder,
And blame all his blunder,
  Upon the anesthetist's head.

One year ago the anesthetists of this state, distressed by a growing tendency on the part of a few hospitals and surgeons to employ anesthetic technicians,—nurses, stenographers and other lay persons,—organized the Northern and Southern California Societies of Anesthetists, for the avowed purpose of promoting the advancement of the science and art of anesthesia.

An older organization existed in Seattle and the presentation of this paper today is the entering wedge for what we confidently expect will become a joint session of the Pacific Coast Association of Anesthetists and the State Medical Society.

Membership in these societies implies good standing in some county medical unit and is open to all physicians and surgeons interested. While dentists have not as yet been included in the California societies, the co-operation of organized dentistry here has been secured in the move to exterminate the lay anesthetist; while in the Interstate Association of Anesthetists, dentists and dental editors have rendered conspicuous service.

The activities of the local anesthetic societies have been directed toward elevating this branch of medicine to a point beyond possible range of lay competition and the creation of sentiment both public and professional against this abuse. There has been secured through the county units, the endorsement of a large majority of the membership in the State Society to the following resolution:

"Resolved, that this organization go on record as in favor of the limitation of the *regular* practice of anesthesia to licensed physicians and dentists."

Unfortunately the average state law is no more specific in regard to anesthesia than to other medical branches. However, in the opinion of numerous attorneys from New York to California, the medical practice act *does* cover anesthesia, for as the law now reads, *"any person who shall diagnose, treat, or prescribe for any disease or physical condition without a physician's certificate shall be guilty of a misdemeanor."*

To quote from an opinion rendered March 29, 1920, by Attorney Harry A. Encell, Chief Counsel for the California State Board of Medical Examiners, "One who is not licensed and administers an anesthetic, is subject to the penalties of Section 17 of the California Medical Practice Act, because one cannot administer an anesthetic unless a diagnosis and treatment is performed. . . In case of an operation it is necessary to administer more or less of the anesthetic and in so doing the one who administers it is guided by his own diagnosis as to what amount should be given and when. The surgeon who is performing the operation is not always in a position to direct the administration, and therefore must rely upon the one giving the anesthetic; hence the giver of the anesthetic is violating Section 17 of the Medical Practice Act of this state."

The attorney for the American Medical Association has also rendered the opinion that the administration of anesthetics is the practice of medicine.

The administration of a general anesthetic is the giving of the most powerful and dangerous drug at the most perilous time of the patient's life and an anesthetist represents himself as being competent not only to diagnose conditions but to administer emergency treatment should indications arise. A nurse is neither licensed nor permitted to order the preliminary opiate nor prescribe the stimulants and restoratives which may be indicated although with strange inconsistency she may be allowed to administer an anesthetic, the most powerful of drugs, and this for hours at a time.

An eighth grade certificate,—for hospital entrance requirements have of necessity been lowered of late,—and the meagre medical and surgical training that a nurse receives do not qualify her to give anesthetics, and the public is becoming aware of these facts.

The claim of the attending surgeon that he supervises the anesthetic is usually a subterfuge, as most anesthetics are begun in an adjoining room or at least during the time when the operator is occupied with his own preparations,—and anesthetic deaths are most frequent during the stage of induction. During the surgical procedure the operator cannot divide his attention and do justice to his work, and it would surely reflect unfavorably upon him, especially in case of surgical accident, should he admit a voluntary ar-

rangement whereby his attention was diverted from the delicate operation in hand. Neither would it be to his credit to assume responsibility in case of anesthetic accident, for no one can "live the rhythm of the anesthetic outside a radius of eighteen inches from the mask."

While many of the older surgeons are capable anesthetists, it is a fact that because so little attention is now being paid to instruction in anesthesia the majority of the young surgeons are not competent to supervise their anesthetists should it be even a possibility.

The fact that a few of the large eastern clinics, with unlimited material and opportunity for observation and *every safeguard* have developed nurse etherizers, is no argument for turning over anesthesia to nurses as a whole.

The few cases where a nurse is retained for her real worth are so exceptional as to be negligible and impossible of consideration in establishing precedents. Moreover nurses are insufficient in number, are limiting their hours and raising their prices and it is difficult if not impossible to secure the necessary attention for the sick. To take anesthetic work from an overcrowded profession to which it legitimately belongs and thrust it upon nurses whose services are so greatly needed in their own field, does not appeal to reason.

A nurse's quicker intuition, sympathy for her patient or concentration on her task cannot be charted or justified in court. There are women physician anesthetists and there are many more physicians, both men and women, who would gladly equip themselves for this dangerous and absolutely essential work should recognition and adequate financial recompense be assured. Honest persons will admit that it is the financial exploitation of the nurse which makes her chiefly valuable as an anesthetist. She is in most cases paid a modest salary and her anesthetic fees accrue to the hospital or surgeon employing her, at a profit which is a far greater menace to the profession than was fee splitting. There is the exceptional situation in which a nurse maintains an independent practice in anesthesia and in such case is unquestionably trespassing upon the practice of medicine.

Instances can be cited of eastern hospitals where medical anesthetists are absolutely debarred and others where surgeons are terrorized into using the house technician, by threats of being dropped from the staff,—while in some institutions the patient of a surgeon who employs a medical anesthetist must pay a like anesthetic fee to the hospital. As a result of these money-making schemes, competent anesthetists are being forced out and surgery itself is greatly hampered. The anesthetic service is not the proper place to make up a hospital deficit.

To claim a shortage of physicians is scarcely accurate as there is one physician to every 720 of the population of the United States and about one to 200 in the large cities where the anesthetic technician abuse is most common. The report of the Council on Medical Education of the A. M. A., is to the effect that "not greater numbers but better qualified physicians are needed." In a scattered population one anesthetist may take good care of several communities. As to a shortage of interne material, why should the anesthetic service alone be relegated to nurses? They become quite adept in minor surgery and obstetrics.

The work of the American Hospital Association and College of Surgeons, in their program for hospital standardization is in many respects highly commendable but it is to be regretted that the officers in many instances have become exploiters of the nurse anesthetist, and where such is the case, anesthetic standards both within and without the profession are debased,—as instance Ohio, the only state where nurses are in any sense legalized to give anesthetics, the death rate is in excess of one to every 500 administrations.

Contrast with this the record of the Royal Dental Hospital of London where 1,500,000 anesthetics have been given by a staff of seven medical anesthetists without a death. The United States has to her discredit proportionately more than three ether deaths to every one in England. There are no statistics covering post-operative anesthetic deaths and delayed recoveries, but it is interesting to note that the outstanding researches in post-operative acidosis have been conducted in a large Pennsylvania clinic where lay anesthetists are continuously furnishing abundant material.

A distinguished British surgeon in attendance at the recent A. M. A. meeting, remarked with disgust, "Can it be possible that nurses are still permitted to give anesthetics in your country!"

. . . That the socialization of medicine on the basis of a nurse's salary has begun, and is rapidly extending to the various branches of the profession should give us pause. The profession and the public of the State of California overwhelmingly defeated compulsory health insurance, the greatest evil of which is contract practice. Lay technicians in anesthesia, X-ray and laboratory service introduce all the evils of contract practice.

This year the chiropractors are loudly acclaiming their rights and it is interesting to note that they are using the inconsistency of the regular school in allowing nurses to give anesthetics, to further their own legislative aims. This is a matter of far more than state-wide importance.

There is no intention on the part of anesthetic associations to exact the unreasonable and by common consent, non-operative obstetric work and emergencies of every kind are excepted. The surgeon has no quarrel with the layman who in emergency renders first aid, though unskilfully, to his injured fellow,—it is the *regular* practice of his art to which he takes exception. So with the medical anesthetist.

Neither is there a desire to limit the administration of anesthetics to the specialist, for in a scattered population this task must fall to the lot of every physician. Their fundamental work lies in improving the quality of their own anesthesia and securing the establishment in medical schools and teaching hospitals of adequate student and post-

graduate courses so that every physician will have some practical knowledge of this branch. As a result scientific progress in the as yet little known field of anesthesia will be assured, and the surgeon will more readily procure the better anesthetic service to which he is entitled.

Our desire?

The endorsement by our State Medical Society of this effort to limit the *regular* practice of anesthesia to licensed physicians and dentists.

ELEANOR SEYMOUR, M. D.,
Secretary Southern California Society of Anesthetists, and Vice-Pres. American Association Anesthetists.

Los Angeles, May 12, 1920.

Discussion opened by Dr. Mary E. Botsford, San Francisco. Discussed by Drs. Wm. Duffield, Los Angeles, Clarence Moore, Los Angeles, David Hadden, Oakland, George Piness, Los Angeles, C. P. Thomas, Los Angeles, Lt. Col. Grubb, Los Angeles, T. J. Cox, Sacramento, Stanley Stillman, San Francisco, O. O. Witherbee, Los Angeles and Dr. A. B. Cooke of Los Angeles.

SOME RECOLLECTIONS AND OPHTHALMOLOGIC OBSERVATIONS FROM SERVICE IN THE A. E. F. IN FRANCE.*

By VARD H. HULEN, A. M., M. D., F. A. C. S.,
Berkeley, California.
(Recently of San Francisco)

As only a few members of this section had service in the A. E. F., some observations based on my experiences "over there" may be of more interest to you than a scientific effort limited to fifteen minutes, and a discussion of my deductions may be of some practical use even now.

The goal of every medical man who early volunteered his services was naturally France, so that when directed in September, 1918, to join B. H. 104, then almost completely organized at Camp Dodge, Iowa, destined for overseas service, I was relieved from the suspense of having waited nearly six months for overseas orders.

Our organization consisted of 36 Commissioned Officers and about 250 men in the medical detachment. The staff of nurses joined us on the other side.

Suppressed excitement universally prevailed while feverish preparations were rushed for the final order to entrain. Reducing our personal baggage to the required weight and still retaining the necessary equipment for overseas service was the source of much anxiety and amusing demands upon the steelyard loaned by the neighboring Y. M. C. A. house. We expected to be away two or three years at least.

The journey east was a dream of elegance—compartment cars for officers, tourist sleepers for the detachment with plenty of good food in our mess-kits. After numerous soul-harrowing experiences at Camp Upton, L. I., from orders and counter orders, our organization finally got under way. Every officer and man weighted down with full field equipment on his back, marching in silence, a pitch dark night, in a driving rain to the train to carry us to the dock. But our spirits were bright and our hopes for service soared. After sitting in the cold cars for hours thoroughly soaked and without food some of us were apprehensive about passing the "rigid and last" physical examination awaiting us just before stepping on the boat. I was in mortal terror that the little sore throat I had developed during that awful night, the only time I had sign of any illness, would at the very minute of attaining my goal, end my chances. But as the examination consisted only of taking my temperature I stepped aboard the magnificent "S. S. Mauretania," a member of the A. E. F. This was our last experience with elegance, or comfort.

Our ship packed to the guards with all kinds of military organizations, officers of high rank of the Allied Forces, titled officials and statesmen, stole out of her berth and promptly headed for the "unknown port of destination." Accompanying us were four racing torpedo destroyers, air-

The "Mauretania" was such a fast craft she planes crossed and recrossed overhead, with observation balloons about, we were thrilled to the very bone.

did not travel in a convoy. The military discipline and requirements maintained so rigidly, the constant wearing of the grotesque life-preservers, the rules of no exposed lights, not a match or cigarette on deck, the constant lookout for submarines kept us in awed mindfulness of our serious mission.

In less than six days Liverpool received us with numerous bands and flying colors most touching. Here we first learned of the serious food conditions in England from American women war-workers who appealed for our uneaten stale sandwiches. A restful march through the streets of Liverpool to the train, a moonlight journey landed us at Winchester at 2:30 a. m. A long hike through the beautiful country and up a high hill brought us to the first unrestful "rest camp" with its vermin-infested bunks and poor food. Crossing the channel in a tub we marched for many weary miles to what seemed to us then the limit in rest camps for human beings. We slept on solid board shelves in tiers with only thin ragged damp blankets as bed and cover, no fires, no bathing facilities, undreamed "sanitation." For toilet purposes we waited in rain and wind-swept sheds, balancing on a muchly-used common galvanized bucket with a standing-room only audience, surely would make constipation and hemorrhoids the rule in such "rest camps." The Y. M. C. A. here furnished good food to officers for which we gladly paid top-notch prices. Such did we officers experience; as for the men——. Thus did our Government provide for its loyal sons arriving for duty in France.

Marching again at night our B. H. then entrained at La Havre with an artillery organization and started on a three-days' journey to Bordeaux, before the war made in eight to ten hours. The officers occupied old flat-wheeled, third-class day coaches, while our detachment boys worn to

* Read before the Forty-ninth Annual Meeting of the Medical Society of the State of California, Santa Barbara, May, 1920.

a frazzle packed forty in number to each ordinary stock car. I marveled at their lightheartedness when they mooed and bleated in excellent imitation of the animals whose transportation they were using. And thus we bumped along to the American quarters at Beau Desert ("Beautiful Desert"). Anyone who was at Beau Desert knows that a "desert" need not be a dry country.

The hospital organizations already located in Center No. 2 shared with us their bountiful messes, and warm shower baths which soon made us fit. Rapidly we took possession of the hospital space allotted and at once received our share, 1500 or more, of the arriving sick and wounded. Our professional service in France had begun.

Six base hospitals similar in organization to our own composed Hospital Center No. 2; surrounding us were several camps of other branches of the service, an extensive convalescent camp adjoined, sunken apparently in two feet of soupy mud. Also in our Center were two large camps of German prisoners of war, and several foreign labor camps, mostly Chinese. These supplied us with material also. It was said that this Center was planned, when completed, to care for 60,000 patients, and ultimately could be expanded to 100,000 should the war continue.

From the General Headquarters of the Center the arriving convoys of "sick and wounded" were apportioned to the different base hospitals. A plan to centralize certain classes of cases was successfully carried out. All the contagious cases, for instance, were sent to 106, all orthopedic patients to 14, all facio-maxillary cases to 22, etc. Our hospital got the unenviable opportunity of caring for all sick and wounded commissioned officers, and the enviable opportunity of the convoyed eye and ear, nose and throat patients our addition to general assignments.

The Center patients usually came in convoys of two, three or more long trains of the beautiful Red Cross hospital cars. Their arrival, usually on rainy nights, was heralded by long blasts of the peculiar shrill whistles of the foreign locomotive, at the sound of which everyone was expected to go to his ward or post of duty "toot sweet." The patients were carried from the cars on stretchers by our detachment men, or if able walked to the receiving office. Never were any sheds provided them as shelter from the constant rain and cold, and only later were even landing platforms laid to keep them out of the ever-present mud, though at our door were millions of feet of suitable lumber going to waste and plenty of idle labor in our camp. This was just one of the innumerable instances of the folly of having to wait for orders to filter through "military channels" for perfectly evident necessities. All patients had envelopes pinned to their clothing in which were their field cards, wound tags and other available records. On the face of these envelopes was recorded the major diagnosis of the case. A quick glance at them by our receiving officer and his assistants gave the information necessary to distribute the patients to their proper wards. First ambulant patients were stripped in bath rooms and searched with flashlights for "cooties." The eye and ear, nose and throat patients were assigned to the same wards; the latter cases handled by Captain L. Shields, and the eye cases were in my care. The clinics, however, for these were separate.

In our Center the Eye Clinics for all base hospitals, excepting one, were consolidated, so that in the "Central Eye Clinic" three Majors, a Captain and a Lieutenant worked harmoniously together. This, I believe, was an advantage to the patients and by such an arrangement every eye man was enabled to get the benefit of examining all the important and interesting cases coming to the entire Center. We had on duty also in this clinic a Sergeant, mainly for refraction and optical work, a Corporal for clerical routine, and a special eye nurse (female). We had morning, afternoon and evening hours, thus many patients were treated in the eye clinic three times a day to reduce the ward work. Our facilities were primitive but well arranged and our equipment most complete. All we could ask for even at home, but an ophthalmometer; for instance, four kinds of eye magnets in our operating room. Thanks are due largely to the Red Cross centering their efforts at Milwaukee for our splendid equipment. The service given our department by the Laboratory was exceptional, as was our X-ray and localization work.

My observations were made in the Bordeaux district, excepting for a view soon after signing the armistice of the battle fields and their environs—Chateau Thierry, Rheims, the Argonne, St. Mihiel and Verdun, and a "peek in" at Paris.

In the observation of the wounded I was first impressed by the large number of our patients who arrived with one eye already enucleated. The eye retained was often more or less injured, but personally I saw not more than two or three who had hopelessly lost the sight of both eyes. It is likely so many primary enucleations had been done because of the naturally extensive globe wounds received in battle; or the eyes contained non-magnetic foreign bodies impracticable to remove, therefore immediate enucleation was the means to safeguard the other eye. Too, it was evident that additional mutilations would demand subsequent facial plastic work. But our orders were to do no operations not at once urgently required, this in face of the fact that some of the wounded remained in our wards for many weeks.

Amongst the battle-scarred patients I noted many conspicuous mutilations from mule kicks. Evidently "No Man's Land" had nothing in terrors on the mule pens.

Instructions to implant glass balls after our eviscerations were general, but I am not yet favorable to this procedure.

The most interesting new traumatisms to me were those caused by gas. Even mildly gassed eyes seemed never ending as regards photophobia and blepharospasm, profuse lachrymation and extreme hyperemia, these symptoms frequently continuing for weeks and months in the absence of explanatory lesions. Aside from these numberless gassed eyes, and by order the use of antitetanic

serum after all our surgical procedures, as well as after all other traumatisms, the uniqueness of our experiences as ophthalmic workers was more in the number and extensiveness of the wounds than in their novelty.

There offered an unlimited field for observing congenital anomalies and diseases. I could never understand how these very evident eye defects, such as extensive syphilitic lesions, retinitis pigmentosa, colobomas, polar cataracts, corneal leucomas, squint, amblyopia, exceptionally large errors of refraction, etc., could be found so numerously in overseas service when our instructions at Camp Dodge were to exclude those with far less important visual disturbances examined for the A. E. F. These inexcusable errors cost the American people large sums and entailed undeserved hardships and dangers to the unfit men.

The idea of sending complete optical equipments over with certain base hospitals was an inspiration. Their aid in restoring quickly a useless soldier without his glasses to a valuable one was great. But when the stock of lenses could not be kept up and supplies sent out were unreasonably slow in reaching their destination, the optical department became an aggravation; and when a few blue artificial eyes for the left side remained to those who had lost brown right eyes it became a grim joke.

One of the great advantages on the other side, after the cessation of hostilities and reduction of hospital work, was the opportunity to attend special clinics in military hospitals of enormous material in England and elsewhere, and the three weeks' courses in the eye clinics of Paris given by Morax, Sebileau and Lemaitre. We at Beau Desert, only a few minutes from Bordeaux, had the good fortune to see at all times the wonderful plastic and other eye work of Prof. Lagrange with his limitless material in the French Military Hospitals in Bordeaux, as well as his own large University Clinic. His courtesy and kindness to American oculists were proverbial. Time does not now permit me to more than allude to his prodigal use of rib cartilage in plastic eye work, and to his original operations for making, both primarily and secondarily, a floor to support a prothesis. These operations are now described in the literature.

In my conclusions the first suggestion towards helpfulness in the event of future emergencies of war, would be that eye surgeons of experience be held to professional work and not subject to administrative duties. Some of our widely known ophthalmologists did not treat an eye patient in months of their service. I do not refer to those of our specialty in the office of the Surgeon-General who rendered such splendid executive service there and elsewhere during the war.

Secondly, skilled specialists should be kept always in their exclusive fields; this for the good of the wounded. I know on one occasion that the ear consultant was operating on an injured eye while near by the ophthalmic chief was operating on an ear case. I was fortunate to be assigned to eye duties alone.

Thirdly, mature specialists should be sent to the scene of activity without delay. I learned over there of the need for competent additional eye service at the time' some of us were training in "paper work" in home camps.

Fourth, complete recognition of the usual specialties in medicine by the military authorities and the fullest use of them as specialties in war conditions even close up to the battle line I believe practical. The endeavor to make "any man work anywhere, at any time"—that is inexcusable extravagance of man material, though it may be cheaply obtained.

Fifth, it is my conviction that the ophthalmic surgeon in active military service should be as independent of the chief of the surgical, or any other, section as he is independent in private practice. Ophthalmology cannot successfully be made a sub to war surgery nor should it be regarded as minor surgery. It, as well as orthopedic or brain surgery, should be an entirely separate department with direct responsibility clear back to its individual head in the Surgeon-General's office. This belief I hold regardless of my invariably pleasant experiences with all surgical chiefs under whom I served from start to finish of my military career.

Sixth, a medical man should not be commissioned until it is known that in addition to technical skill he is honest and has common sense, he should then be permitted the unhampered use in a reasonable way of his abilities. This until he has been proven untrustworthy. A valuable medical officer taken out of civil practice may be ruined by a fruitless effort to make him a part of a military machine.

Seventh, medical officers should be reasonably trained physically and mentally for hardships, but their military service should not be a constant test of endurance nor useless deprivations of common decencies. To plan for inexpensive personal comforts need not take the soldier out of a man.

Eighth, long distance control of eye patients not the best. Let the local men with their consultants decide the movement of the individual sick and wounded. If found to act unwisely, replace the local chief with a man of better judgment.

Ninth, the system of consultants in the various departments as developed in the A. E. F. was in my observation the acme of success. My last service in France was ophthalmic consultant for Hospital Center No. 2 and the Bordeaux district. When full use is made of this system the capability of each worker is manifested. Efficiency and facilities may be constantly developed until all patients have expert medical and surgical attention. By this system the inexperienced may safely do their assigned work, those of the greatest skill and ability render full and invaluable service, at the same time attain the utmost professional and personal success and recognition.

Some day a similar system in civil practice may be advocated to work out an approach to idealism in the practice of medicine—a much to be desired accomplishment.

Berkeley Bank Building.

CALIFORNIANS ON THE ITALIAN FRONT—HISTORICAL.*

By THOMAS C. MYERS, Major M. R. C., Los Angeles.

Through the generous gift of $100,000 by Mrs. Diebert of New Orleans a hospital unit was organized in the United States known as the Loyola Unit, afterwards accepted by the U. S. A. as Base Hospital No. 102. The selection and organization of the nursing corps were delegated to the Sisters of Charity who were peculiarly fitted for this duty by reason of their management of many hospitals and training schools throughout the United States.

From California were selected fourteen nurses, Misses Bessalo, Brazee, Cornette, Kolmar, Pibel, Ringsmith, Sherbok, graduates of St. Vincent's Training School at Los Angeles, Julia Frabucco of L. A. County Hospital, Misses Brunoni, Stradling, Mulvaney and Clark of Trinity Hospital, San Francisco, Miss Esola of Roosevelt Hospital, Berkeley, Miss Ferriera of St. Mary's Hospital, San Francisco, Misses McCort and Corti from Bakersfield. Besides the writer, one other officer, Lieut. Wildman of Placerville, was from California.

Base Hospital No. 102 was assembled at Camp Baureguard in the first part of July, 1919, under the command of Lieutenant Colonel Erskine Hume. After a brief training the unit was moved to Baltimore where it was joined by the nursing corps and sailed on the S. S. Umbria, an Italian ship, from Baltimore on August 4, and after a prolonged voyage of three weeks disembarked at Genoa.

An interesting episode en route occurred on the second day out, in which fifteen men in a lifeboat were rescued from the U. S. S. Jennings, which had been torpedoed and sunk eighteen hours previously by a German submarine.

It is interesting to note that the S. S. Umbria carrying over 100 American women went through the danger zone, which at that time was very active, without a convoy. The sanitary conditions of the boat were poor, plumbing broken down, refrigerator plant out of commission, inadequate ventilation, compelling most of the nurses to sleep on deck, but in spite of all this no serious illness developed during the voyage.

Being the second American troops and the first hospital section to arrive in Italy, the populace of Genoa turned out en masse to extend their welcome. I had the opportunity of visiting the Ospidale Militare in charge of Professor Capurro, Chief Surgeon. He was operating with very few instruments most of which were obsolete and worn out. However, he spoke with glowing terms of the American rubber gloves of which he had just received a consignment. His work was first class and his operating technique excellent, and a very profitable morning was spent in his company.

I did not know until after my return to New York City that the American gloves and the few new instruments which he had, were directly due to the generosity of a former San Francisco surgeon, Dr. De Vecchi. Soon after the beginning of our participation in the war, Dr. De Vecchi was anxious as an American citizen, to do something for his former countrymen, and finally devised the following excellent plan. He purchased in New York a large number of the surgical instruments most commonly used in the average operation. These he segregated into different packages, and together with a generous supply of rubber gloves, ligatures, and other operative paraphernalia, wrapped them in waterproof packages and sent at his own expense, to the various leading surgeons of the Italian army to be used as they saw fit. It was from this valuable contribution that Professor Capurro had received his stock of American gloves.

Hospital No. 102 moved and established its base at Vicenza, September 7. Vicenza at that time was a center for about 50,000 Italian, and a like number of allied troops. It was in the Zona de Guerre and air raids were no uncommon occurrence. It was about 20 miles from Mt. Grappa, which was the key at that time of the Italian front.

The leading military hospital at Vicenza was known as the Ospidale de Tappa, which accommodated 2000 patients ordinarily, and double that amount during a rush. Our arrangements with the Italian authorities were such that we received the Italian wounded as well as American, and practically all through the year the proportion of Americans to Italians was about 1 to 4. All the wounded from the front were distributed to the various hospitals in Vicenza directly from the Station Yards or from the Ospidale de Tappa.

There were many hospitals in Vicenza, and on odd occasions we had some opportunity of visiting them and observing their methods. As is well known, Italy is the home of the hernia operation and Bassini, the father of hernia operations, lived only some 20 miles away at Padova. He is now rather elderly and only operates on special occasions. Several appointments were made to see him, but on account of other activities we were unable to make connections. However, several of his associates and assistants were in Vicenza and we all had an opportunity of seeing their methods.

The Bassini followers still use silk to sew the conjoint tendon, and the true Bassini operation as I found in Italy, consists of the incision and stitching of the transversalis fascia with the conjoint tendon to Poupart's ligament. The hernia operation is one operation to which the Italian people will submit, and many soldiers were glad to avail themselves of the opportunity to get away from the front line for a brief rest while in the hospital having their hernias repaired. There were two surgeons at the Ospidale de Tappa operating there who were at times, during lulls, constantly busy repairing hernias. These men used catgut, cotton gloves over rubber to facilitate separating the sac from the cord, a very superficial incision which facilitated the

*Address delivered at Los Angeles County Medical Society.

tearing of the superficial fascia obviating the necessity of ligating the superficial veins, and in closing used a running buried stitch returning on the superficial fascia, followed by skin clips and always a double spica.

Professor Marro of Turin was the chief surgeon of another hospital in Vicenza. He used silk, did not cut through the external ring but through the external oblique about one-half inch above the ring. This gave him a strip of fascia to act as a tractor in disclosing the shelving portion of Poupart's ligament, and obviating the necessity of forceps to pull it in position while introducing the stitches from the conjoint tendon.

The first patients received in our hospital were flu, and the last patients to leave were flu. The first surgical cases with which we had to deal were mustard gas. The story of this batch of gas patients is rather romantic.

On a sector close by, the Italians and the Austrians had been fraternizing, and finally having annoyed each other while bringing up the mess, they decided by mutual agreement that no firing be conducted during this time. Both Italians and Austrians enjoyed a siesta after eating, especially at noon. Consequently an agreement was made not to fire during the rest hour after lunch. The Italian commander got wind of this little situation and decided that his men were becoming too friendly with the Austrians. So he pulled them out and sent in a regiment of British, who always believed in keeping their guns busy. Next day they pounded at the Austrians all day long, and it made the latter mad to think that the Italians had gone back on them, and so they gassed the entire line for miles on each side. Consequently the hospitals in that vicinity were soon filled up with gas patients. The ones we received were chiefly mustard gas cases, the characteristic features of which are too well known to be enumerated.

At the latter part of October the last offense started, and the real wounded began to arrive in large numbers. We then acted as an evacuation hospital, and it was impossible to keep the patients long, having only sufficient time to observe them for a few days.

The American troops in Italy did not play an extensive part in the offense. They had been destined first to be used in camouflage play. The Italian commander in charge had them camp about one-half day's march from the Piave, and after a few days' rest marched them to the river on three different parallel roads carrying full equipment, and separating the different companies as far as possible. That night they returned to their base. The following day this maneuver was repeated, only wearing a different type of head gear, and marched again back to their base after dark. This maneuver was again repeated, and during the time this was going on, the aeroplanes were busy dropping propaganda on the Austrian lines telling them to watch the Americans. This was so successful that it even confused the Italian troops. Those 4000 odd Americans were multiplied to 100,000 in the imagination of the Italians and 500,000 in that of the Austrians.

American operating teams from Base 102 were sent to the front. In company with a lieutenant, I was sent on detached service to the Italian Army, and was sent to Cordigiana to take over a field hospital. I arrived there at 10 o'clock at night. The hospital was filled with Austrians, which had been abandoned, the hospital corps had retreated three days before, and at least two days before the Austrian troops, leaving a wounded Hungarian surgeon to look after the patients. On account of his wound, he had been unable to do very much, and the place was in rather a chaotic condition.

At 3 o'clock in the morning, the lieutenant and myself were awakened by the arrival of the wounded which continued in a constant stream from that time on until November 5. The exact numbers that came, and where they went, we did not know. They came in the front door, were placed on the table, an examination was made, what was necessary to be done was performed, and the patient went out the back door, and the ambulance moved them farther on back.

The equipment was very meager, no gloves, few instruments and lots of pus cases. I telegraphed for a field outfit back to the Piave by courier. They received this telegram about two weeks later, at which time we had practically closed the hospital. The Austrians had, however, left a large supply of paper, cotton, splints, alcohol, excelsior for splint padding, and something that had not been obtainable before, novocain.

When the armistice was signed, of course the stream of the wounded greatly slackened, but as the civilian population returned, they kept us busy repairing the children whose curiosity in picking up bombs which were thickly scattered around the country resulted in many accidents.

The Austrian prisoners came by in thousands, a most dejected and despairing bunch.

An Italian doctor had charge of the medical side, as the flu was with us, with myself in charge of the surgical.

A rather delicate subject arose concerning the Hungarian doctor at meal times. Finally the Italian doctor asked me if I had any objection to eating with the Hungarian. I told him I thought I could stand it if he could, and would be very glad to have him. He was a doctor entitled to the courtesies of other doctors. So the Italian Chief extended the courtesy of the mess which was rather scanty to the Hungarian doctor, and an incongruous crowd assembled at the first meal. The Hungarian could not talk Italian, and spoke only German and Hungarian, the Italians could not talk Hungarian, and I could talk neither Italian nor Hungarian.

Later on it was necessary to move up with the Army to the Austrian line. We evacuated our hospital and moved up near the Austrian border. At this point it might be wise to remind the Americans that the Italian devastated dis-

trict is almost as large as that of the French. The civilian population suffered greatly.

I returned to the Base about the 24th of November, in time to assist in taking care of the flood tide of the wounded which was well back by this time. Later on, I visited the various hospitals and universities of Italy, probably the most interesting of which was a day spent at the University of Boulogna. In the lecture hall of this university is a marble tablet on which is inscribed the names of the demonstrators of anatomy in chronological order. The first one was posted in 1131 A. D. Many familiar names were noted as Bartholamo, Versalio, Malpighi, Valsalva, Manzolina (man and wife) and Calore.

In the museum a great many of the original dissections are copied in wax. The wax figures of Valsalva depicting dissections on the heart, eyes, foetus within the membrances filled with fluid, the entire circulatory system in different colors, veins, lymphatics, arteries, etc., a skeleton of an embryo 45 days old, and complete studies of embryology in wax. Original dissections of Malpighi's and Monzolina are still preserved, but the wax anatomical studies molded by these skillful artists leave a memorable impression upon one's mind.

Also at Bologna is situated the Instituto Ortopedico Rizzolo under the charge, at present, of Professor Putti, the famous orthopedist. It was here that I first saw the cinamatic formation of stumps whereby when amputations are performed, tunnels of skin are created under the skin and tendon groups, for the attachment of rings from which cords are extended to the artificial limbs giving great facility of movement especially of the wrist and fingers.

The most complete work in this nature was later on seen at the Hospidale Militare at Verona where a department of this special branch of surgery was conducted by Captain Pieri. At Ridoletto on Lake Como, I visited the neurological hospital conducted by a former Angeleno, Dr. Alex. Jardini. To this hospital were sent all the wounded suffering from neurotic contractions following wounds. Their method of treating these patients was very successful and exceedingly interesting. All the patients upon admission were carefully examined, especially electrically, to determine whether or not the contractions were functional or pathological. The latter were rejected for treatment. The neurotic contractions of which there are varieties simulating all known pathological contractions were upon admission, placed in a room by themselves under lock and key. All tobacco and wine were withdrawn, the intimation given at the same time, that as soon as they had recovered, these luxuries would be restored. The patient was instructed to massage the contraction himself. No medicine or appliance of any kind were used. Psychological impressions, of which those coming from the cured patients were the best. Most of the cases were sufficiently well in two weeks to be removed from their restriction, when they were allowed to go to the common dining-room, with the wine and tobacco restored. The latter part of the treatment consisted of instructions and gentle exercises in the form of garden work. The results were marvelous.

March 1, 1919, found our work in Italy practically completed. The monotony of waiting for sailing orders was relieved by being sent to Dalmatia on a sanitary commission.

Returning by way of Rome, I visited Bastionelli's Clinic at the Polyclinico, and received a warm welcome. This wonderful surgeon is well known in the United States, having visited here on several occasions, and the Americans are always received by him with the greatest of courtesy.

During the time of our duty in Italy, one could not help but be impressed by the courteous manner in which we were received at all times by the Italian physicians and surgeons. The scientific world owes them a great debt of gratitude, for unless one has been on the ground, he cannot realize the hardships and privations which they underwent after the great retreat in which they lost 500,000 beds.

These wonderful men continued their work laboring under the lack of proper food and materials, administering and relieving the suffering of their army without a murmur of complaint.

1501 South Figueroa Street.

END RESULTS OF RADICAL AND CONSERVATIVE PELVIC SURGERY*

By ALICE F. MAXWELL, M. D., San Francisco, Instructor in Obstetrics and Gynecology, University of California Medical School.

For many years, gynecologists have been keenly interested in two problems, namely, the proper treatment of chronic pelvic inflammatory disease in women during the child bearing age, and the conservation or removal of ovaries with hysterectomy.

The material for this study has been furnished by the records of the Woman's Clinic of the University of California Hospital and consists of 446 cases. In order to obtain a clear and accurate impression as to the postoperative results and requelae in any compilation, it is very essential that a report be obtained of consecutive cases of the series. With this object in mind, by means of a follow up system, we have been able to make detailed observations over a period ranging from six months to four years after operation. One month after discharge from the Hospital, the patient is told to report to the clinic for an examination and her condition is recorded. Two months later a similar report is obtained and the observations are continued at intervals for one year. If at the end of that time, the woman's condition is satisfactory, she is asked to return every three to four months. Should the patient fail to report to the dispensary one month after operation, she is notified by mail to do so and is

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visited by a nurse or social service worker who explains the necessity for post operative examinations. By means of such a system, we have been able to make comprehensive observations on 95 per cent of the post operative cases. In addition to this data, further information has been gathered by means of several questionnaires which have given in detail the patient's impression of the amount of relief afforded by surgery and the occurrence of post operative sequelæ. A third check is afforded by a study of the patient's hospital record before operation. By means of these methods, i. e., follow up notes, questionnaires and hospital histories, we believe we have drawn conclusions with a considerable degree of accuracy.

CONSERVATIVE SURGERY

The results of conservative surgery in the pelvis has been a subject of much controversy, the general feeling being that it has a very limited field and is usually of questionable therapeutic value. There is no doubt but that the majority of observers have not agreed upon a common definition. Our discussion does not concern the proper treatment of purulent masses in the pelvis or a tuberculous infection. Plastic surgery on pus tubes should be classed as meddlesome. We define conversatism here as allowing structures to remain presenting slight macroscopic scopic pathological changes. To facilitate a review of our conservative material, consisting of eighty-two cases, the study has been considered from the standpoint of

1. End results of pelvic infection if left to nature.
2. Amount of relief afforded by plastic surgery on pathological adnexa and the probable necessity of secondary operation as the result of such treatment.
3. Frequency of subsequent pregnacies.
4. Importance of maintaining the physiological functions of the pelvic organs.

1. It has been shown that a gonococcus infection produces marked destructive action on the tubal mucosa, destroying the epithelium and producing coalescence of neighboring or opposing folds of mucosa. 62.5 per cent of closed tubes are undoubtedly the end results of a Neisserian infection. Plastic work on such structures can never restore the essential histological constituent of their functional activity, namely the cilated epithelium. On the contrary, such treatment must be but merely palliative or else it will lead to the formation of adhesions with their sequelae and be the etiological factor for a secondary operation. We have had three such cases in our series which required a complete removal of the diseased adnexa and uterus before any relief was obtained. In contrast to the total destruction of the tubal mucosa resulting from a gonococcus infection, the streptococcus, staphylococci and other pus organisms are frequently more mild in their end results and the integrity of the tube may be restored if left to Nature or by instituting drainage. It is with this type of case that conservative surgery may be followed by subsequent pregnancies.

2. When we consider the question of relief of pelvic symptoms afforded by conservative surgery, it was found that 75 per cent. of the women were completely cured, 20.7 per cent. partially relieved and 3.7 per cent were not helped by operation The symptoms were aggravated in three cases and a subsequent operation was necessary. While a series of 82 cases is not sufficiently large to warrant any definite conclusions as to the absolute value of conservatism, yet 75 per cent. of cures would appear to justify an attempt to save the pelvic organs, especially if the woman was desirous of future pregnancies and the adnexa were not so destroyed as to mitigate the value of the procedure.

3. Eight cases (10 per cent) became pregnant after operation (three never having had previous pregnancies). One woman aborted at five months, one died from intestinal obstruction at the seventh month, (eighteen months after the operation). The other six women went to term.

4. The maintenance of menstruation undoubtedly has a marked psychic influence on many women, particularly those of neurotic tendencies. This is well shown by the mental upset which not infrequently follows the cessation of that function after hysterectomy, even though the ovaries are allowed to remain and continue their trophic and metabolic influence. It is with this type of patient that the nicest judgment is required to determine whether or not the best interests of the woman will be met by a preservation of the pelvic organs. One woman in our list who seemed to possess a stable nervous system became so mentally and emotionally unbalanced following a hysterectomy that institutional care was required—undoubtedly in this instance the benefit following the removal of hopelessly damaged structures was more than offset by the psychosis which appeared after operation.

Our study suggests the following:

1. Chronic pelvic inflammation is a self limiting condition. A small, though definite, percentage of women having this pathology will be relieved of symptoms spontaneously. The healing process, if left to Nature, however, is frequently slow and uncertain.

2. Seventy-five per cent of women with a moderate degree of pelvic inflammatory disease were completely relieved of symptoms by conservative operative therapeutics.

3. The patients' desire for children may be a determining factor in the choice of conservation in the presence of border line inflammatory conditions.

4. The maintenance of the physiological function of the pelvic structures deserves consideration, particularly in highly strung neurotic types of women.

We shall now discuss the second subject of controversy, i. e., conservation or removal of ovaries with hysterectomy.

Despite the fact that this subject has been of such vital interest for the past decade or more, and considerable literature has accumulated as to the value of one or the other procedure, the evidence and conclusions of the vari-

ous investigators have been conflicting. The problem has not yet been solved and will not be until much more clinical and experimental data has been accumulated. This communication will present our impartial analysis of 326 cases of hysterectomy; 218 cases in which tubes and ovaries were removed and 108 cases with retention of one or both adnexa.

The material has been studied according to

1. Indications for operative therapeutics.
2. Relief of pre-operative symptoms.
3. Occurrence of menopausal symptoms.
4. Result of therapy.
5. Mortality.

1. Myomata were found in 34 women, pelvic inflammatory in 125, fibroids with pelvic inflammatory disease in 22. There were seven ectopic pregnancies in the series; 14 carcinoma; 1 sarcoma of the ovary; 80 metritis, and 43 women at or beyond the menopause with uterine prolapse. Abdominal panhysterectomy was performed 132 times; vaginal panhysterectomy 42 times; in 152 cases the cervical stump was allowed to remain. Contrary to the general impression, the frequency of post-operative morbidity and mortality was not higher in the pan than in the supracervical hysterectomies and the support of the vaginal vault was equally satisfactory in both types of operation; the former, however, possesses a decided advantage in that removal of a diseased cervix precludes the possibility of later malignancy and almost invariably relieves the chronic leucorrheal discharge. The convalescence in the series of vaginal hysterectomies was invariably smoother than in the abdominal cases, the advantage of the vaginal route more than offsetting the handicap of age of this group of patients.

In considering the relief of symptoms afforded by operation, the immediate postoperative data was not taken as conclusive; only cases which had been observed for at least six months are included in this report. Of the 326 hysterectomies whose records are well controlled for a period of one-half year to four years, 220 (68 per cent.) were completely relieved of all preoperative complaints; 32 per cent. were partially relieved. There were no women who were not helped or who were made worse by surgery.

This apparently low percentage of absolute cures requires some explanation. Were we to accept as final the patient's statement of her general condition, more than 90 per cent. would be classed as completely cured. These conclusions, however, were not drawn from this source. We have obtained them by actually balancing the pre-operative and post-operative complaints. The latter were obtained by detailed inquiry and were usually minimized by the patient because of her greatly improved general condition.

Bladder disturbances, abdominal and pelvic pain, backache, headache and leucorrhea constituted the pre-operative symptoms.

Bladder symptoms. 49 per cent. had preoperative vesical symptoms (frequency, incontinence, painful urination). 13 per cent. had postoperative symptoms referred to the bladder. Since a definite cystocele was present in a large majority of these women, the 36 per cent. cure of vesical symptoms must be attributed largely to the support of the bladder wall following plastic work on the pelvic floor although the removal of the pressure of tumors on the bladder and inflammatory infiltrations in adjoining structures enter into the combination. It is possible that frequent urination (the common post operative complaint) results from the disturbed balance between the endocrine and autonomic systems as a result of the removal of an ovary or disturbance of its blood or nerve supply. Vasomotor, cardiac, digestive and urinary symptoms are clinical manifestations of this altered balance following oophorectomy.

The frequency of abdominal and pelvic pain was reduced from 81 per cent. before operation to 4 per cent. subsequently. Our statistics do not show that retained ovaries in any way modified the frequency of abdominal or pelvic pain. A few women presented with enlarged ovaries shortly after operation (possibly from disturbance in circulation as a sequence of operation). The enlargement did not give rise to symptoms which persisted.

The frequency of headache was reduced from 33 per cent. preoperatively to 11 per cent postoperatively. Leucorrhea was reduced from 53 per cent. to 11 per cent. Panhysterectomy cured 25 per cent. more women of this symptom than did the supravaginal removal. Occasionally, however, a slight discharge persisted after the removal of the cervix, the result of exuberant granulations in the vaginal vault. This was easily checked by cauterization. Backache may result from many extra pelvic lesions, yet it is of interest that this complaint was reduced from 18 per cent. to 9 per cent. by correcting existing pelvic pathology. Properly fitting shoes, well designed corsets and other orthopedic devices reduced the percentage further.

Before considering the phenomena so intimately and vitally connected with the endocrine system, it may be well to review briefly our present conception of the normal physiology of the ovary. While it is admitted that our knowledge is far from complete, we do know that the ovary is a gland which is concerned primarily with (1) the process of reproduction and (2) the elaboration of an internal secretion. Histologically the organ is composed of connective tissue stroma, nerves, blood and lymph vessels and epithelial elements. We are particularly concerned with the latter. The epithelial structures consist of (1) Graafian follicles and their contained ova, (2) originating from these the corpora lutea, (3) the atresic follicles, (4) possibly interstitial glands. Functionally the Graafian follicle and ovum controls the phenomena of reproduction of the species. The corpus luteum develops from the collapsed follicle and constantly undergoes progressive and finally regressive changes. It initiates and co-ordinates cyclic changes which occur in the endometrium and which bear upon the process of menstruation.

The function of the atresic follicles is not known —an important consideration for conservation of the ovary. In addition to the process of reproduction, the ovary also exercises trophic influences on the generative tract, controls the development of the mammary gland and is intimately connected with the other units of the endocrine system, particularly the thyroid, pituitary and adrenal. There is more than a suggestion that the ovary plays an important part in metabolism (Phosphorus output). The connection which exists between the nervous system and the ovary is so well established that discussion is unnecessary.

Symptoms of the surgical menopause occurred in 57.6 per cent. of our entire series; these symptoms whether occurring naturally or artificially are manifested by disturbances of the autonomic and psychoneurotic systems. Flushes and nervousness and palpitation are the common complaints.

85 per cent. of the 218 cases having a double salpingo-oophorectomy had flushes and nervous symptoms. In 17 per cent. the disturbances were very severe.

Only 20 per cent. of the 108 cases in which one or both ovaries remained had menopausal symptoms—3 per cent. (4 cases) had marked disturbances. In other words, four out of every five cases were saved from ablation symptoms by permitting ovarian tissue to remain. Attempting to more closely analyze our material, we tried to ascertain whether or not the severity of the artificial menopause symptoms is influenced by (1) the age of the patient, (2) pre-operative health (blood pressure, hemoglobin), (3) operative indication.

The ages of the women ranged from 18 years to 74. Within these limits there were

Under 20—2
20-29— 49
30-39—118
40-49—114
50-59—32
60-69— 10
74—1.

We have fifty-one women under thirty years. A double salpingo-oophorectomy was done in 41 cases—97 per cent. had flushes—47 per cent. of these were severe. One or both adnexa were saved in only ten cases. Five of these women (50 per cent.) had flushes. In one case they were severe. Between the ages of 30-40 there were 118 cases. Sixty-nine complete removals were followed by disturbances in 92 per cent—one-third of them severe. Forty-nine cases of conservation—19 per cent.—had flushes (2 per cent severe). Between 40 and 50 years, there were 114 cases. 81 per cent., or 81 cases, had flushes (39 per cent. severe). In 33 women with ovarian tissues, 25 per cent. had flushes (3 per cent. severe). Between 50 and 60 years, 32 cases—69 per cent.—of the 22 women without ovarian tissue had menopausal symptoms. 13 per cent. of which were severe. Ten per cent. of the women of this group having one or both ovaries had disturbances but none were marked. The 11 cases over 60 had no disturbances following removal of ovaries.

A summary of these results shows that up to the age of 60 years, the loss of the ovarian tissue was followed by disturbances in over 80 per cent. of women, the younger the patient, the greater the frequency and the more severe were these disturbances. While 21 per cent. of cases in which the gland was retained had symptoms, yet the frequency of severe reactions was always markedly lessened. The question frequently arises as to whether or not the ovaries should be removed in women at or beyond the menopause. The exact term of ovarian activity is not known and our results would indicate that retention of the gland materially reduces the frequency of disturbed functions (146 between age of 40-60—75 per cent. of women had symptoms with ovarian tissue). There have been no secondary operations on any of the hysterectomies with retained tissue. The importance of maintaining an adequate circulation should be mentioned in this connection. It has been shown very clearly that the arterial supply to the ovary through the ascending uterine artery and the venous drainage through the uterine veins is unavoidably cut off in doing a hysterectomy. Salpingectomy further endangers the circulation, therefore the tube should be retained whenever possible. Unnecessary interference with the blood supply can be avoided by supporting the ovary and preventing torsion of the infundibulo-pelvic ligament.

Polak states that the symptoms of the operative menopause are less after extirpation for pelvic inflammatory disease than when the ablation is done for fibromyomata. This he attributed to associated blood vessel changes in the latter. Reviewing our cases from this standpoint, we cannot confirm his opinion.

Sixty per cent. of our 122 inflammatory cases presented vasomotor disturbances, 30 per cent. of these were severe. The same phenomena were noted in 59 per cent of the 34 uncomplicated fibroids. They were marked in 35 per cent.

Polak also states that the nervous symptoms are more marked when the woman comes to the operation in comparatively good health and with a high blood pressure and haemoglobin. Our results do not support this claim. Our severe reactions occurred in a series of women whose average haemoglobin was 70 per cent. and whose average systolic blood pressure was 130 before operation, only three of these cases had systolic readings of 150 or more.

The clinical results of the various forms of ovarian therapy are by no means uniform. We have attempted to abort or reduce the marked nervous phenomena by administering the gland at frequent intervals beginning within a week after operation. In general the flushes have been controlled. No symptoms were augmented by the therapy. In three women corpus luteum extract produced such marked nausea that the medication had to be discontinued. For the last two years, we have used Burroughs Wellcome tabloid Varium which recommends itself because of its therapeutic value and inexpensiveness. As yet

we have had no opportunity to use ovarian residue which has recently been advocated by Graves.

A study of the metabolism and the trophic changes following ovarian medication possibly would determine more accurately the value of the treatment, yet this has not been possible. We have limited our observations to the apparent improvement in nervous and vasomotor phenomena following the medication.

MORTALITY

The mortality for the series of 436 cases was 1.6 per cent. This is not a high death rate when we consider that the series included 14 carcinoma cases, ten of which were cervical growths and were removed by the Wertheim procedure without any deaths. Death resulted from emboli three times; paralytic ileus once; hemorrhage from the vaginal vault sixteen days after operation once; one post operative pneumonia; the seventh woman with recurrent ovarian carcinoma died from shock.

As a result of our study, we present the following conclusions:

1. A hysterectomy should not be followed by removal of normal tubes and ovaries.

2. Absolute cures of all pre-operative complaints were obtained in 68 per cent. of 326 cases; 64 per cent. of 218 hysterectomies with removal of both adnexa; 72 per cent. of 108 cases with retained adnexa.

3. A most rigid standard for judging cures has given us low percentages of cures. Ninety per cent. of the patients were completely satisfied with the results of their treatment.

4. Ablation symptoms occurred in patients up to the age of 60. The frequency and severity varied directly with the age of the patient.

5. Ablation symptoms were present in 80 per cent. of the total extirpations and in 25 per cent. of cases in which the adnexa remained. Severe symptoms were less frequent in the latter than in the former group.

Book Reviews

Fundamentals of Human Anatomy. By Marsh Pitzman. 356 pp. Illustrated. St. Louis: C. V. Mosby Company. 1920. Price, $4.00.

The author says in his preface, "My confidence in the aims of this book is greater than my faith in the performance!" The work justifies his distrust. It is not complete enough to be of use as a book of reference, nor sufficiently well ordered for a text-book. The illustrations are meager and insufficient. There are already so many good anatomies that a new book, to make room for itself, will have to be very good indeed. L. E.

Laboratory Manual of Physiological Chemistry. By Elbert W. Rockwood. 4th ed. 316 pp. Illustrated. Philadelphia: F. A. Davis Company. 1919.

This little book contains a great deal of valuable material in a very small space. In fact, the smallness of the space is about the only objection to it that the reviewer can see. As the book is intended to be a laboratory manual it naturally leaves certain things to be explained and elaborated upon by the teacher. It gives a number of the new methods of blood analyses and it has a very helpful section on the ionic theory in gastric analysis and in other cases where indicators must be used. Many men to-day are wondering what this "P H" which they see everywhere means. They wonder what is the difference between true acidity and the titratable acidity. They try to understand the modern tests for acidosis without any conception of ionization and the negative logarithm. The discussion on page 102, et seq., is one of the best which the reviewer has seen for explaining these new things.

W. C. A.

Hygiene and Sanitation. By Seneca Egbert. 7th ed. 554 pp. Illustrated. Philadelphia and New York: Lea & Febiger. 1919. Price, $3.00.

While considerable new material has been added to this seventh edition, much that is vital and important has been eliminated in the revision. We agree with James A. Tobey, who reviewed this book in the Journal of Public Health and says, "that house plumbing and disinfection are given more space than they are worth, and that there is no description of purification of water by liquid chlorine, nor of standard methods of analysis. The illustrations are occasionally antiquated and the references are not up to date. In the chapter on Industrial Hygiene, Price and Thompson are ignored." As a manual of general fundamental principles this book has a value, but for persons who desire information of an advanced character there are other works much better suited for that purpose. W. C. H.

Pasteur—The History of a Mind. By Emile Duclaux, late Member of the Institute of France, Professor at the Sarbonne and Director of the Pasteur Institute. Translated and edited by Erwin F. Smith and Florence Hedges, Pathologists of the U. S. Department of Agriculture. Octavo of 363 pages. Illustrated. Philadelphia and London: W. B. Saunders Company, 1920. Cloth $5.00 net.

It must be distinctly understood that this work is not a life of Pasteur. It is an attempt, first, to outline the state of knowledge of the various subjects upon which Pasteur worked at the time he first attacked the problems and, second, an attempt to follow his process of reasoning as each subject developed under his experimental guidance.

In some instances this is done rather clearly, but in others it is a bit difficult to follow the thread. The one adverse criticism is this "jumpy" character due, probably, to two factors,—the inherent difficulties of following a mind's reasoning, and the fact that two people translated the work.

It is a book that is well worth reading by any one interested in the history of science and it puts one in personal touch with the state of mind of Pasteur and his contemporaries.

The "annotated list of persons mentioned in this book," which contains the essential points in the lives of more than 200 persons mentioned in the book, is a great aid in a clear understanding of the people of the time.

This book is not only worth reading, it is worth owning. A. L. F.

Personal Beauty and Racial Betterment. By Knight Dunlap. 95 pp. St. Louis: C. V. Mosby Company. 1920. Price $1.00.

The significance and the conservation of human beauty is dealt with in this book from the viewpoint of fitness for parenthood, ability to propagate children of a higher mental and physical structure, and to create a race which shall better be able to resist the forces of nature and society. It is undoubtedly an interesting book and a valuable addition to the literature of social psychology were it not for the needless anti-German utterances which belong to past history and which never should have found place in scientific literature, least so in publications dealing, as this book does, with racial betterment. Hatred has never improved the looks of a person and has never beautified the soul. A. G.

The Duodenal Tube and Its Possibilities. By Max Einhorn, M. D., Professor of Medicine at the New York Post-graduate Medical School; visiting physician to the Lenox Hill Hospital, New York City. Octavo of 122 pages with 51 illustrations. Philadelphia and London: W. B. Saunders Company, 1920. Cloth, $2.50 net.

This book gives in detail all of the work done by the author on the possibilities of diagnosis by direct examination of the duodenal contents, coupled with the possibilities of treatment, such as duodenal alimentation, duodenal instillation of fluids and gases, duodenal lavage, and instillation of remedies.

Other instruments for the pylorus, duodenum and small intestine are described, as well as their practical uses from the standpoint of diagnosis and treatment.

The book represents the results of about sixteen years of painstaking work and careful observation.

Among the possibilities of treatment by means of the transduodenal flushings with hypertonic solutions, the author does not mention the wonderful results that can be obtained in post-operative hiccough, especially with gallbladder patients.

Particularly will surgeons, internists and gastro-enterologists find themselves well repaid for the time used in reviewing this book. F. R. M.

Historical Sources of Defoe's Journal of the Plague Year. By Watson Nicholson. 182 pages. Illustrated. Stratford Co., Boston. 1919.

Nicholson goes to much trouble to prove that Defoe's Journal is not fiction but fact. His hundred pages of argument seem unproportionately heavy artillery to bring up in the question as to whether Defoe's pictures of the plague are the paintings of an artist or the fac-similes of a photographer. It doesn't really matter. Paintings are probably as true as photographs. The Journal is based on fact, of course. Whether Defoe has interwoven a little more or less of art, makes his pages none the less real. The appendix to Nicholson's book contains excerpts from Defoe's historical sources, pages from medical authors of the time of the plague. They are of much interest, both for their subject matter and their incomparable English. L. E.

The Surgical Clinics of Chicago. Volume IV, Number 3 (June, 1920). Octavo of 204 pages, 79 illustrations. Philadelphia and London: W. B. Saunders Company. 1920. Published bimonthly. Price per year: Paper, $12.00; Cloth, $16.00 net.

A. B. Kanavel: Empyema. **H. L. Kretschmer:** Cystic dilatation of intravesical portion of ureter due to presence of calculus. Metastatic prostatic abscess. **D. C. Straus:** Perforated gastric ulcer. **A. D. Bevan:** Repair of common bile-duct. Paraffinoma of nose and eyelid. **A. A. Strauss:** Intussusception. **E. L. Cornell:** Occipitoposterior position at term. Occipitoposterior position complicated by lobal pneumonia and fractured rib. **D. N. Eisendrath:** Tuberculosis of a hernial sac with brief consideration of abdominal tb. in general. **G. E. Shambaugh:** Malignant tumor at upper end of esophagus. Encephalitis with paralysis of soft palate and esophagus. Nasal obstruction simulating persisting head colds. Asthma cured by operation in nose. Persistent mastoid fistula after simple mastoid exenteration. Acute otitis media in an infant with acute swelling back of ear. **Gatewood:** Tuberculous glands of neck. **R. L. Moodie:** Antiquity of Pott's disease and other spinal lesions; primitive treatment. **G. L. McWhorter:** Chondroma of thumb. **E. L. Moorhead:** Acute appendicitis and gall-stones. Acute lymphangitis. **F. H. Falls:** Ruptured interstitial ectopic pregnancy.

Correspondence

Bar Association Says Vote Yes on No. 3.

San Francisco, Sept. 18, 1920.

To the Editor:

As Vice-President of the California State Bar Association I have the honor to direct your attention to the following resolution unanimously adopted at the annual meeting of the said Association, held at Santa Cruz, September 25th last:

"Resolved, That the California Bar Association hereby endorse the initiative amendment for the increase of the salaries of the Justices of the Supreme Court and District Courts of Appeal and suggests to its membership that they advocate to the people the adoption of the amendment by the people at the November election, to the end that the independence and efficiency of the appellate judiciary of this State be maintained upon the high plane that has always distinguished it, and that the salaries of the Justices be fixed in an amount in a measure commensurate with value of the services rendered."

The passage of this constitutional amendment is necessary in order to give the Judges of the Appellate and Supreme Courts of this state a modest increase in their salaries to enable them to meet the present living conditions.

Every citizen, I know, has an interest in maintaining the high standards in our judiciary and obviously this can only be accomplished if the people make fair and adequate provision for the Judges.

In the absence of President Wyckoff, and on behalf of the legal profession of this state, I beg to request that you give the above resolution and this statement publicity in the columns of your Journal so that the members of our brother profession may be advised upon this important issue.

Vote YES on Number 3 on the ballot.

Very respectfully yours,

WM. B. BOSLEY,

Vice-President, California State Bar Association.

(COMMENT—This letter and its advice are heartily commended to the favorable attention of the medical profession of California.)

Clinical Department

PROBABLE SMALLPOX—REPORT OF CASE.

Wm. B. Smith, M. D., Kernville, Calif.

R. G. E.—Age 35, married, with two healthy children, a hydro-electric power plant operator who had not been out of this immediate mountain district for nearly six months. No similar case has appeared here to my knowledge either before or since this man's sickness and death. This man had been troubled with a "pimply" skin especially of the face and neck, and here in the mountains has been subject to spring outbreaks of "poison oak" which have been very intractable, leaving a sort of eczematous condition of face and neck for weeks at a time. Otherwise his personal and family history is negative.

June 8th the man complained of diarrhea without any cramps.

June 9th he quit work complaining of diarrhea, extreme backache, and some nausea.

June 11th the diarrhea was profuse and a punctiform eruption appeared on the face, neck, scalp, and exposed parts of the chest, with a fever which his wife thinks was high. No chill and no headache. His wife thought he was having an outbreak of hives with his stomach trouble. I saw him on the 12th of June.

June 12th—twenty-four hours after the puncti-

form eruption the man exhibited a complete pustular eruption of face, scalp, neck, upper chest, extensor surfaces of both arms, and dorsum of both hands. On the exposed surfaces the eruption was so thick that much of it was coalescent, but the individual pustules were about the size of a BB shot, typically umbilicated, and the man complained of a terrible backache, with a temperature of 103. The appearance was so striking and suggestive that I isolated the whole family, reported the case to the County Health Officer, who ordered me to treat the case as one of variola.

June 13th with a fever of 103 to 104 the patient became delirious and continued so until death on June 21st.

June 17th the pustules had begun to dry up, and where the surfaces had been kept under a moist chlorazene dressing the ulcers were rather sharp edged and through the complete layers of skin, and would evidently have resulted in typical pits and scars had the man recovered. The patient had become a most repulsive looking object with a very disagreeable odor.

June 21st in the morning, the temperature was normal and the patient was apparently semi-conscious, but during the day the pulse gradually faded out and death occurred at 2:30 p. m.

There were no findings nor history in this case which pointed to syphilis. A gastro-intestinal poisoning might have given a pustular eruption, but hardly with the symptom complex above, nor in my experience, with such profound mental disturbance. Multiform erythema lies open to the same objections. My bulletin on smallpox from the State Board of Health puts great emphasis on the time element in the development of a variola eruption. This case exhibited complete pustulation without any intermediate vesicular stage, 24 hours after the first rash. No other case has appeared here. If the diagnosis of smallpox in this case is erroneous, will some one please suggest a better one?

Comment.

There is no question but that this was a case of confluent smallpox, probably contracted from some person who had what had been called "chicken-pox." Dr. A. A. O'Neill (whose article elsewhere in this issue, should be read) states as follows:

"Some years ago I was requested by the State Board of Health to see some cases which were reported to the office as Manila itch, and upon going to the town designated, the doctor who had reported the cases and who met me at the train, had a marked case of discrete variola—his family too I found to be suffering from the disease. The error in this case was due to the fact that the doctor thought he was suffering from la grippe, and that the rash followed the rather free use of cold tar anti-pyretics. The other cases were, as I said, thought to be some form of itch. Another thing that tended to lead him astray was the fact that there was nothing of the kind in the place, nor had there been for many years."

CASE HISTORIES FROM THE CHILDREN'S DEPARTMENT, UNIVERSITY OF CALIFORNIA MEDICAL SCHOOL AND HOSPITALS.

Case No. 10. February 11, 1920. Female, Chinese. Age 5 weeks. No. 27111. K. L.

Complaint: Convulsions, fever, constipation.

Family History: Father and mother living and well. One brother aged 9 and one brother aged 4 years, living and well. No dead children. One spontaneous miscarriage at 4 months, before birth of last child. No history of tuberculosis or of exposure to it. No history of other illnesses in members of family or in the neighborhood.

Past History: Full term; normal delivery, birth weight 6 pounds. Breast fed entirely. Had occasional distress from gas but regurgitated rarely and no history of projectile vomiting.

Present Illness: The child has apparently been in perfect health, gaining steadily until 4 days before entry, at which time she became constipated with the failure of oleum ricini on two occasions to cause an evacuation. Fever developed 2 days before entry, and together with constipation has persisted since. At irregular intervals during the last 96 hours there have been four convulsions, generalized and tonic in character, not Jacksonian according to the history.

Physical Examination: Well developed and nourished Chinese baby, lying in bed in a tonic convulsion. There are no petechiae or hemorrhages and no cyanosis. There is a slight tache cerebrale. External and middle ears negative. Eyes—palpebral apertures equal, conjugate deviation to the left, pupils equal, not excentric, no reaction to light. Fundi could not be seen. Anterior fontanelle tense but not bulging. Nose, full of frothy mucus. Mouth, chewing and sucking movements constant. Neck, head rotated to left, no retraction and not especially rigid. Lungs, negative to inspection, palpation, auscultation and percussion. Heart, negative. Abdomen, normal contour, not distended, negative to palpation. Genitalia, normal. Extremities, rigidity marked, reflexes exaggerated, no Trousseau. Kernig positive, bilateral.

Laboratory Examinations.

Urine cultures: Father, mother and brother, negative for B. Typhosus.

Throat cultures: Father, mother and brother, negative for B. Typhosus.

Stool cultures: Father and brother, negative for B. Typhosus.

Throat cultures: Patient and brother, streptococcus hemolyticus only.

Spinal fluid: 15 cc. withdrawn, thick, turbid, not increased in pressure. 10 cc. antimeningococcus serum injected. Culture positive for B. Typhosus.

Treatment: 10 cc. antimeningococcus serum injected intraspinally.

10 cc. antimeningococcus serum injected intravenously.

Glucose 4%. 250 cc. injected intraperintoneally.

Gavage feeding of breast milk.

Death occurred 10 hours after entry.

Autopsy Findings and Diagnosis.

Acute fibrino-purulent cerebro-spinal meningitis (B. Typhosus).

Slight acute splenic tumor.

Slight parenchymatous degeneration of kidneys.

Glucose solution in abdomen.

Petechial hemorrhages in pleurae.

Photograph of Pathological Specimen.

Shows extreme degree of exudate on vertex and basal surface of brain.

Discussion: Typhoid meningitis is a distinctly rare disease, especially in the primary form. In the foreign literature 40 cases had been reported to March 1919. The latest summary in America gives a total of 37 cases, absolutely proven, and ruling out localized lesions of the brain or cord due to the bacillus typhosus and following, for instance, trauma. The present case report adds another to the series, and is the youngest on record. In those noted above the youngest case due to the bacillus typhosus was 4 months (one case is reported incidentally, aged 7 weeks, due to the bacillus paratyphosus). Six cases in all have been reported as "primary," i. e., not occurring in the course of a typhoid intestinal infection and with absence of intestinal lesions at autopsy.

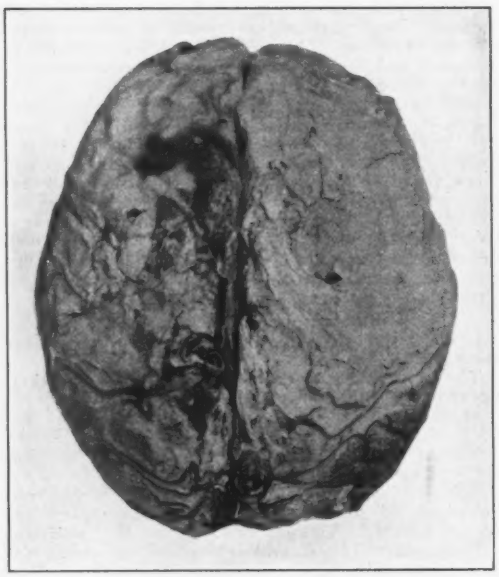
While not bearing on this case it is of interest to note the three types of meningeal affection noted in a complication of typhoid fever, namely meningismus, characterized by a negative (essentially) spinal fluid without organisms; serious meningitis, characterized by negative or slightly modified spinal fluid but containing B. Typhosus; and purulent

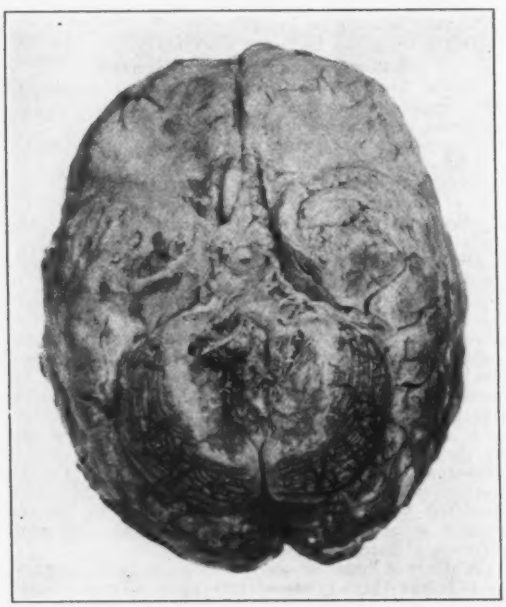
meningitis, with the well-known characteristics of the spinal fluid and B. Typhosus in large numbers. 0.2% of typhoid cases show meningitis while 1.75% of all cases of meningitis are due to the bacillus typhosus according to some statistics, which seem, however, to be entirely too high.

The cases have been uniformly fatal in the purulent form in spite of any treatment instituted.

The course of the case reported was very rapid, but when observation is made of the pathological findings this is not surprising.

The portal of entry has been assumed in the primary cases to be the naso-pharyngeal passages and not the intestinal. Bacteriologic data were entirely negative in this case as to exposure through members of the family. The mode and origin of the infection are, therefore, extremely obscure, as was true in the primary cases above noted, no tracing of the source of infection being possible.





Diagnosis of the condition is the diagnosis of meningitis. No differential diagnosis is possible except bacteriologically. The spinal fluid of course contains bacilli in smear and culture and is usually stained yellow. There is a marked cellular increase and except when a complication is present, e. g., in the presence of a broncho-pneumonia which gives a polymorphonuclear majority, the mononuclears predominate. Without coagulation the white blood cells are not particularly increased and there may be a true typhoid leucopenia.

State Society

The members of the Medical Society of the State of California have been receiving the official publication of the Society during the past four years and have had no increase in State Society dues, each County Society having paid the State organization $7 yearly for each member. This money serves to keep up the State organization, pays for the publication of the best medical journal in America, for the legal protection of each member, and gives them the full benefit of the co-operation and intellectual contact of his confreres which is so essential to scientific advancement in medicine.

Since the war, wages have increased practically 100 per cent., the cost of printing our Journal has been doubled, and paper stock has gone up 500 per cent. Our average monthly increase for 1918 was $73; for 1919, $75 more, and thus far in 1920, $171.93, or a total average increase per month for the last three years of $320. All of this has been absorbed and taken care of by the State Medical Society without the increase of one cent in dues. In fact, by careful foresight in the advance purchase of paper we have been able to save to the Society $2500. But this cannot be done in future.

Our advertisers have been raised a small amount, but in no instance has this raise been commensurate with the increased cost of production. As in all other business where the ascending scale of prices has disturbed the economic equilibrium, the ultimate cost must be paid by the consumer.

The *California State Journal of Medicine* can no longer be run on the financial basis of the past. With the unprecedented demands of labor and the disastrous effects of speculation and profiteering, we are compelled to follow the example of all business and demand an increase in price. This will mean an increase in our advertising rates, and an increase in the dues to the State Medical Society.

Our organization is getting larger all the time, and our office force must be increased to handle the routine work of the Society. This means more floor space and more assistants.

Considering the great advantage the State Medical Society is to medicine, the high quality of scientific papers delivered to our members in our Journal, and the invaluable legal protection

which the Society offers, an annual assessment of $10 per member would not be at all exorbitant. Such a raise, of course, cannot be made without the recommendation of the Council and the vote of the House of Delegates.

For the time being we will continue as we are, but we must be prepared for coming events.

County Societies

FRESNO COUNTY.

Tuesday, September 7, the Fresno County Medical Society met in regular session after a vacation of two months during the summer.

The regular order of business was dispensed with inasmuch as the paper of the evening was non-medical.

Dr. Robert W. Binkley of Selma was elected to membership in the society.

Chester H. Rowell spoke for a few minutes upon the quack quartet and pointed out some of the hidden viciousness in each measure. For example, he said the vaccination measure would not only forbid vaccination as a pre-requisite for schools but would repeal all present vaccination laws.

In regard to anti-vivisection any experiment, whether physical or physiological, would be construed as vivisection. Under such a law we could not have the Wassermann reaction, inoculations, treatment for rabies or even tuberculin for cows.

Under the sales poison act the uneducated as well as the educated would be permitted to dispense morphine and cocaine.

The chiropractic bill would place power in the hands of the uneducated man and woman who could, and would, through lack of knowledge, potentially commit murders. It is the interest of the patient at stake and not the medical man's means of livelihood.

Several plans were proposed to get these measures before the public, and that suggested by Dr. McPheeters met with approval, which was to have a résumé of these bills printed and placed in the hands of all the patients of the doctors of Fresno county.

The society, on the motion of Dr. W. W. Cross, voted an additional $200 to be sent to the League for the Conservation of Public Health.

This was followed by a report on the nurse and the twelve-hour law regarding nurses. Letters were read as to progress in other parts of the state.

Dr. J. R. Walker, Dr. Trowbridge and Dr. Aiken were placed upon the legislative committee.

The paper of the evening was presented by Dr. R. G. Aitkin of the University of California, his subject being "News From the Stars."

Dr. Aitkin illustrated his lecture by many recent photographs, giving the layman much of the detail of instruments used as well as procedure for the study of the stars.

The formation of stars was gone into and many interesting photographs taken over a period of years were introduced to substantiate the belief as to their formation.

Perhaps the most interesting picture presented was that of a gas formation of great magnitude, many times more rare than the earth's atmosphere, yet attaining a heat that is almost impossible of comprehension.

Some of the hardships of the profession were gone into and the physical conditions to be overcome were presented.

The subject was handled by a master, and when it came to a discussion of the paper Mr. Rowell acted for the society and presented some of the philosophical aspects of the subject, the purport of which was to show man his insignificance.

The society was congratulated by Mr. Rowell for taking an interest in things other than pure medicine.

LOS ANGELES COUNTY

Special Meeting

Los Angeles County Medical Association met August 19, 8 p. m. in the Friday Morning Club Rooms.

The Vice-President, Dr. John V. Barrow, in absence of Dr. Rea Smith, the president, called the meeting to order and introduced Dr. James C. Ross of Chicago, Ill.

Dr. Ross is connected with the Abbott Laboratory of Chicago. He began by saying that he endeavored to disseminate useful information by moving pictures, accompanied by words of explanation.

The surgeon general had appointed Col. Ed Martin to report on "The Technique in the Application of Dichloramine-T in Industrial Surgery," and "Two War-time Methods of Treating Burns," photographed by Col. Martin and his associates; the next subject was "The Carell Method of Wound Sterilization" photographed by Dr. Geo. W. Hawley; concluding with "Parturition, Normal and Abnormal," photographed by Dr. Jas. W. Markoe.

Dr. Wm. Duffield announced that there would soon be a picnic held by this society somewhere near by the boundary of Riverside and San Bernardino counties, so that the medical societies of those counties could also attend.

Southwestern Pediatric Society

There was recently organized in Los Angeles the "Southwestern Pediatric Society" consisting of the physicians in this section of the country who limit their work to pediatrics.

This society meets on the first Monday of January, March, May, September and November.

The officers elected are: Dr. Henry Dietrich, president; Dr. C. Edgerton Carter, vice-president; Dr. Oscar Reiss, secretary-treasurer.

Innominate Society

Regular Meeting August 11.

Program

"Pulmonary Hemorrhage".....Walter Holleran, M. D.

"Anesthesia in Rectal Surgery".....Phil Cunnane, M. D.

"Direct Examination of Esophagus and Larynx".....Case Report, Chester Bowers, M. D.

Southern California Society of Anesthetists

Regular Meeting, Sept. 7, 1920.

Program

"Nitrous Oxide Anesthesia in Dental Surgery".....J. E. Wilson, M. D.

Case Report.....H. T. Cooke, M. D.

Narcotic Clinic

In answer to the City Council's request for a statement of the cases treated and results achieved by the narcotic clinic at the Temple Block, Dr. Elmer R. Pascoe, acting health commissioner, reported August 4 that 548 cases registered up to August 1. Two hundred ninety-nine were active cases and 249 have been closed. Eighteen cases were sent to the psychopathic ward of the County Hospital.

U. S. Will Close Narcotic Clinics Aug. 27.

John F. Kramer, Federal Prohibition Commissioner of internal revenue at Washington, ordered that the municipal clinics of Los Angeles and of San Diego be closed.

John L. Considine, Supervising Federal Prohibition Agent for the Pacific Coast, arrived in Los Angeles August 12 with Harry D. Smith, his narcotic chief. The latter informed Dr. L. M. Powers, Health Commissioner of Los Angeles and ex-officio head of the city's narcotic clinic. Dr. Powers communicated with Dr. W. H. Bucher, who became head on the resignation of Dr. John W. Nevins,

and a sign was posted to that effect. The ambulatory treatment of drug addiction was denounced.

The decision to close the clinics is based on two premises:

"1. The operation of municipal, ambulatory narcotic clinics is in violation of the Harrison anti-narcotics law, as amended and interpreted by the U. S. Supreme Court.

"2. That even were the operation of these clinics legal, they are morally wrong, inadequate, ineffective, and the clinics themselves not only here but elsewhere, are failures."

The Quarterly Bulletin of the Los Angels Health Department for April, May and June, 1920.

The Quarterly Bulletin of the Los Angeles Health Department for April, May and June, 1920, has just appeared.

Dr. L. M. Powers, the Health Commissioner, under whose direction it is published, should be congratulated on his splendid work. The pamphlet is full of instructive and interesting matter. It is to be hoped that every practitioner may have received a copy and taken the time to read it.

Just before election every citizen ought to know that of 256 cases of smallpox reported to the office for the year ending July 30, 1920, 205 were never vaccinated, 25 were vaccinated after exposure which, even then, modified the disease—12 were unsuccessfully vaccinated which led them to think they were immune when virus or the technique was probably at fault. Fourteen were vaccinated during childhood and thus lost immunity.

An article on the plague and its prevention, another on the new treatment for leprosy, many statistics and reports on subjects of sanitation make up the six pages of the bulletin.

Personals.

American Public Health Association Convention.

Dr. Wm. Duffield, Dr. A. S. Lobingier, Dr. Neal N. Wood and Norman Martin were appointed a committee to arrange entertainment for those delegates to the convention September 13 to 17 in San Francisco who care to visit Los Angeles after the meeting.

Dr. Lillian Ray Weds.

Dr. Lillian Ray married Edward A. Titcomb, architect, August 18. She will continue on the faculty of the University of California, Southern branch, but will discontinue her practice.

Centenarian Doctor Marries.

Dr. Andrew Malcolm Morrison, aged 100 years, wedded August 22, Dr. Mary Augusta Barney, 72 years old. Dr. J. M. Peebles, 99 years old, president of the Centenarian Club, performed the ceremony, leaving out the obedience clause.

Dr. Walter M. Dickie of Los Angeles was appointed secretary of the State Board of Health at its last Board meeting on August 7th to succeed Dr. Irving Bancroft.

Dr. Dickie is a graduate of the University of California, also the University of California Medical School, and was, prior to his appointment, Director of the Bureau of Social Hygiene of the State Board of Health. He is a member of the Los Angeles County Medical Association.

Amelia A. Meagher, R. N., of Los Angeles, formerly special nurse in the Hospital of the Good Samaritan, who has always taken a deep interest in civic affairs, as an officer of both the Normal Hill Parent-Teacher Association and the Normal Hill Civic Center, has just been appointed as field worker with the Bureau of Social Hygiene, State Board of Health, as successor to Mrs. Nina G. Carson.

Mrs. Meagher will have offices at 214 Union League building, and her work will be to cooperate with all agencies and private physicians in the care of all venereally infected patients requiring treatment. All indigent cases reported to her will be assisted in obtaining treatment at the various city clinics.

Dr. A. L. Shelton, physician and missionary and former bandit-captive in Tibet, will go back to the Orient on duty, leaving his wife and two daughters in Pomona.

Hospitals.

Goodyear Hospital.

Dr. Wayland A. Morrison will be consulting surgeon for the Goodyear Tire & Rubber Company to assist Dr. Louis D. Cheney, the chief of the factory hospital staff.

The policy of the company is "Safety first" by protecting employes at the Ascot plant from accidents. The emergency hospital and hospital service is nearing completion.

Dr. Morrison is a graduate of Stanford University and of the Harvard Medical School. He was on the surgical staff of the Massachusetts General Hospital at Boston and joined the army medical corps at the beginning of the war, serving two and a half years.

Dr. Cheney is a graduate of Iowa, served with the Third, Ninety-second and Ninty-third divisions.

The hospital consists of fifteen bright ward rooms, operating and surgical rooms and X-ray equipments.

Hollywood Hospital.

Plans for the hospital have been finished by Hunt & Burns, architects. The cost will be $500,000. The hospital will be built on a five-acre site at the foot of Cahuenga Pass, Highland and Cahuenga avenues.

There will be an administration building and two wings, comprising about 100 rooms, accommodating 115 patients.

A nurses' home for housing 35 nurses will be a separate structure, with power house and laundry. Tunnels will connect the home with the main building.

Tuberculosis Camp.

Five thousand dollars was appropriated by the Board of Supervisors August 13 for the tuberculosis camp conducted by the Los Angeles Tuberculosis Association in San Gabriel Canyon. The association has a ten-year lease from the U. S. Forest Service and the California Edison Company.

Arrowhead Hospital.

The 1,200 delegates of the second annual convention of the State American Legion voted unanimously to leave the trouble about the Convalescent Hospital to the new executive committee.

Public School Dispensary.

After August 30 the Public School Dispensary, 936 Yale street, will open for service, according to a statement of the executive board of the Los Angeles Federation, Tenth District, Congress of Mothers and Parent-Teachers Association.

Dr. Egerton Carter will be the director of the clinic. Three dollars will be charged to those who can afford to pay it, to defray cost of trained nurse, etc. Those unable to pay will receive the same attention.

Deaths.

Dr. Edwin Russell, Los Angeles, Cal., Boston University, School of Medicine, 1880; aged 63; died July 16.

Dr. J. Wright, Santa Monica, a month ago from Kingman, Kan.; 61 years old; bought a new house at 913 Sixth street, August 12; ended his life by taking carbolic acid. Dr. Wright is survived by a widow and a son. He was a member of the Hutchinson, Kan., Chapter of Elks.

Dr. Lee Mathew Ryan, of Banning, Riverside county, where, with his father, he was the owner of the Banning Sanitarium; came with his wife six weeks ago to Glendale to recover from an illness, but died at 120 Moran street, at the age of 36, from an attack of heart trouble. He was a graduate of Rush Medical College, Ill., 1907.

Dr. John Johnson Kyle, 2630 Severance street,

Los Angeles; Miami Medical College, Cincinnati, Ohio, 1900; licensed California, 1911; member of county and state societies; aged 51; died August 29, 1920, from pneumonia. Dr. Kyle ranked as major in the Spanish war and as commanding major of the Medical Relief Corps. He was professor of rhinology, laryngology and otology in the College of Medicine of the University of Indiana at Marion, Ind., 1892, and of the College of Physicians and Surgeons, University of Southern California.

Dr. Samuel Cole, 1011 Mignonette street, Los Angeles. Rush Medical College, 1865; New York University Medical College, 1866; A. M. A.; formerly of Chicago, Ill.; retired; one of the oldest members of the Masonic and Pythian fraternities in this country; died August 30, at the age of 80, from ptomaine poisoning.

SAN DIEGO COUNTY.

After the summer recess the County Society convened in special session Tuesday, August 24, to discuss the question of a new general hospital for San Diego. As a result of this meeting plans were formulated to construct a 250-bed hospital, centrally located on the border of Balboa Park, at a cost of approximately a million dollars. Such a hospital would go a long way to fill the much-felt need of more hospital beds. It would also be a hospital of such character as to comport with the modern San Diego which is rapidly developing.

The September meetings of the Society include a clinical conference held at the County Hospital on September 14, and a league rally on September 28, to discuss the measures to be voted on at the November election. This latter meeting will be addressed by Dr. Walter Brem of Los Angeles.

The following members are in attendance at the meeting of the American Public Health Association in San Francisco: Drs. John C. Yates, P. M. Carrington, and George B. Worthington. Several others of our members are likely to attend some of the sessions later in the week.

Steady, persistent, plugging effort is being continued by the league leaders in San Diego county to perfect a 100% organization. Never before has so thorough a medical organization been effected in this county.

Dr. Otto Marsh is rapidly recovering from his recent serious illness, which confined him to the hospital.

Drs. Edward G. Mann and Clarence E. Ide have recently removed their activities across the border into Mexico.

SAN FRANCISCO COUNTY

During the month of August, 1920, the following meetings were held:

Tuesday, August 10—General Meeting.

1. Asthma as a manifestation of anaphylaxis.—K. F. Meyer.
2. Clinical aspects of protein sensitization in asthma.—W. P. Lucas.
3. Asthma complicating diseases of the respiratory and circulatory systems.—G. H. Evans.

Tuesday, August 24—Eye, Ear, Nose and Throat Section.

1. Demonstration of cases.
2. Clinical investigations of uveitis.—E. W. Alexander.
3. Application of radium tubes in nose and throat conditions.—Howard Morrow.
4. Team work between neurologist, ophthalmologist and otologist.—M. B. Lennon.

Post-Graduate Schedule

POST-GRADUATE INSTRUCTION

In order that earlier and more accurate diagnosis in pulmonary tuberculosis may be attained, the California State Tuberculosis Association has outlined a plan whereby an intensive course in the diagnosis of this disease will be carried on during the next few months. Well-known experts in this subject will be sent to each county society and courses in physical diagnosis arranged for. Inasmuch as the failure on the part of physicians to make a diagnosis early in the course of the disease is probably the weakest point in the program for its suppression, the Journal recommends the cordial co-operation of each society in this matter. The committee having the matter in charge is composed of the following well-known experts in this line: Dr. W. Jarvis Barlow, Dr. C. C. Browning, Dr. P. P. Pierson, Rr. Robert Peers, Dr. Chester Bush, Dr. F. M. Pottenger, Dr. W. M. Roblee and the president of the Association, Dr. Philip King Brown.

State Board of Medical Examiners

LEGAL DEPARTMENT

Legal Department—Board of Medical Examiners Northern District.

MONTHLY REPORT

Prosecutions for violation of Section 17 of the State Medical Practice Act, August 1st to 21st, 1920, inclusive.

New Complaints Filed—13

People vs. Gwan, B. Y.....Marysville, Butte Co.
" " Frank, Byron E.....Chico, Butte Co.
" " Gock, Mar.....Modesto, Stanislaus Co.
" " Hi, Chong.....Chico, Butte Co.
" " Kellum, Mable.....Chico, Butte Co.
" " Ling, W. S.....Oroville, Butte Co.
" " McClelland.....Eureka, Humboldt Co.
" " McKeown, Ada...Grass Valley, Nevada
" " Scholander, Fred.Turlock, Stanislaus Co.
" " Sue, N. S.....Modesto, Stanislaus Co.
" " Tong, Hi Wah.....Chico, Butte Co.
" " Walker, C. E.....Grass Valley, Nevada
" " Yuen, Chow.....Red Bluff, Tehama Co.

Preliminary Hearings—4

People vs. Bye.....Turlock, Stanislaus Co.
" " Gar, Wong Non.....
.....Pittsburg, Contra Costa Co.
" " Scholander, Fred.Turlock, Stanislaus Co.
" " Wan, Hing.....
....San Francisco, San Francisco Co.

Superior Court Trials—3

People vs. Cetoon. Fong..Santa Cruz, Santa Cruz Co.
" " Hing, Wong..Santa Cruz, Santa Cruz Co.
" " Lewis, Jane (Mrs. Emmerson).....
...San Francisco, San Francisco Co.

Los Angeles, Cal., Sept. 1, 1920.

Legal Department—Board of Medical Examiners Southern District.

MONTHLY REPORT.

Charles D. Ballard, Associate Counsel.

Prosecutions for violation of Section 17 of the State Medical Practice Act, August 1st to 31st, 1920, inclusive.

New Complaints Filed—16

Violation of Section 17 of the Medical Practice Act.

Aug. 5 People vs. Kettle—No. 43321-4109.....
.....Los Angeles, L. A. Co.
" 3 " " Engmark—No. 43330-4110..
.....Los Angeles, L. A. Co.
" 6 " " Iverson—No. 583.....
.....Pomona, L. A. Co.
" 6 " " Stoben—No. 584.....
.....Pomona, L. A. Co.
" 9 " " Johnson—No. 27771.....
.....Los Angeles, L. A. Co.
" 9 " " Parsons—No. 27772.....
.....Los Angeles, L. A. Co.

Aug. 9 People vs. Burnett—No. 27770.....
.....Los Angeles, L. A. Co.
" 13 " " Coleman—No. 27875.....
.....Los Angeles, L. A. Co.
" " " Girard—No. 16159.....
.....Los Angeles, L. A. Co.
" 19 " " Peterson—No. 16244.....
.....Los Angeles, L. A. Co.
" 19 " " Silos—No. 16245.....
.....Los Angeles, L. A. Co.
" 20 " " Butler—No. 7177.....
San Bernardino, San B'do Co.
" 23 " " Sander—No. 7530.....
...San Diego, San Diego Co.
" 23 " " Agan—No. 7531.....
...San Diego, San Diego Co.
" 25 " " Carlander—No. 7539.....
...San Diego, San Diego Co.
" 27 " " Courtney—No. 3274.....
.....Los Angeles, L. A. Co.

Preliminary Hearings—4

Aug. 4 People vs. Parrish—No. 74.....
.....Inglewood, L. A. Co.
" 5 " " Ellis—No. 3252.....
.....Long Beach, L. A. Co.
" " " " Tracy—No. 6909.....
.....Pasadena, L. A. Co.
" 12 " " Iverson—No. 583.....
.....Pomona, L. A. Co.

Police Court Trials—4

Aug. 10 People vs. Burnett—No. 27770.....
.....Los Angeles, L. A. Co.
" 17 " " Girard—No. 16159.....
.....Los Angeles, L. A. Co.
" 19 " " Silos—No. 16245.....
.....Los Angeles, L. A. Co.
" 30 " " Messick—No. 49558.....
.....Van Nuys, L. A. Co.

Supreme Court Trials—2

Aug. 2 People vs. Leong—No. 1908.....
.....Bakersfield, Kern Co.
" 2 " " Jear—No. 1907.....
.....Bakersfield, Kern Co.

Respectfully submitted,
(Signed) C. D. BALLARD,
Associate Counsel.

Collected Clippings on Medical Law Enforcement

Chiropractor Treats Measles

Daisy Barlow, a chiropractor, engaged in treating human ills at Salinas, without obtaining a state license. She was arrested and the testimony at the trial developed the fact that among the patients treated by the "Thrusting" method was one of measles. She was defended by three attorneys and the papers of Salinas were filled with big, splashy chiropractic advertisements appealing to prejudice. The jury disagreed and so Daisy Barlow can continue defying the law with apparent impunity. How about the spread of measles? The State Board of Health might well be interested in this problem.

Five Cases Won by Chiropractor

E. R. Nettle was arrested July 8th for the old offense of violating the Medical Practice Act. He has pleaded not guilty and the trial is set for Sept. 7th. The campaign manager of the Chiropractic Society states that five similar cases have been won by the defendant.

Chan and Chan Plead Guilty

These are not Chinese twins, but Chinese herbalists of Los Angeles. One pleaded guilty on June 14th and was fined $250, and the other on June 15th and was fined $100 for violations of the Medical Practice Act. A few hundred dollars mean only a few more herbs, and the weeds are full of them.

Chiropractic Item in L. A. Times

"Dr. Eugene Brown, well known in labor circles and champion of the chiropractic bill, occupied the pulpit of the South Methodist Church in Los Angeles, speaking on 'Is California Anti-Christ?' A more appropriate subject for the speaker would be 'Is California Anti-Law?' when it tolerates unlicensed incompetents to trifle with the health of the people in open defiance of state laws."

Tom Jim of San Diego

Tom Jim also believes that the Medical Practice Act has less force than the Eighteenth Amendment. He violates it with Oriental facility. He was recently arrested, pleaded guilty and fined $100.00. He went forth with a Celestial smile at the guileless faith of those who believe that fines will stop lawbreakers.

$5.00 Bail in Orange County

Santa Ana is the town where some people go to get married. The officials are so accommodating. They wouldn't hurt anyone's feelings for the world. C. T. Cleland was arrested there the 28th of June for practicing without a license. A little thing like that didn't disturb the genial officer before whom he was arraigned. Cleland was an advertiser and looked like he liked the climate. That was sufficient. He was promptly released to enjoy it. The Court **demanded** five good dollars to insure the continued presence of Cleland in the county seat of Orange County.

$1000.00 Bail in Kern County

Kern County offers a pleasing contrast to Orange County in the importance placed upon the observance of laws that regulate the practice of medicine. M. C. Leong, a Chinese herbalist, was arrested on June 10th for violating the Medical Practice Act and released on $1000.00 bail. At his trial on July 2nd he pleaded guilty and was fined $200.00. Those communities that encourage lawbreakers by indulging them with inconsequential fines are sowing seeds of disorder.

Bench Warrant for "Cancer Specialist"

A bench warrant to compel Dr. Samuel Chamley "cancer specialist" to return from Los Angeles to San Francisco was issued by Superior Judge Sturtevant in connection with Mrs. Sophie Chamley's suit for divorce.—San Francisco "Chronicle."

Deaths

Booker, Thos. A. A graduate of Med. Dept. Vanderbilt Univ., Tenn., 1898. Licensed in California, 1898. Died in Selma, August 21, 1920.

Calderon, Eustorjio. A graduate of University of Zurich, Switzerland, 1887. Licensed in California. 1891. Died in San Francisco, August 25, 1920.

Klingerman, George Eliot. A graduate of George Washington University, Washington, D. C., 1910. Licensed in California, 1911. Died in Glendale, Calif., May 27, 1920.

Kyle, John J. A graduate of Miami Medical College, Ohio, 1890. Licensed in California, 1911. Died in Los Angeles, August 29, 1920. Was a member of the Medical Society, State of California.

Mussey, John Milton. A graduate of Castleton, Vt., 1854. Died in Oakland, Calif., Sept. 3, 1920.

Osler, Charles. A graduate of University of California. 1878. Licensed in California, 1878. Died in Modesto, August 18, 1920.

Ryan, L. M. A graduate of Rush Medical College, Ill., 1907. Died in Banning, Calif. Was a member of the Medical Society, State of California.